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**Calspan SRL Corporation
Buffalo, New York 14225**

CALSPAN ON-SITE CHILD SAFETY SEAT CRASH INVESTIGATION

CALSPAN CASE NO. 94-22

**VEHICLE #1 - 1993 OLDSMOBILE CUTLASS SUPREME
VEHICLE #2 - 1994 FREIGHTLINER TRACTOR/SEMI-TRAILER**

LOCATION - STATE OF NEW YORK

CRASH DATE - [REDACTED], 1994

Contract No. DTNH22-94-D-07058

Prepared for:

**U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590**

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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15. Supplementary Notes On-site investigation of a five fatal head-on crash between a 1993 Oldsmobile Cutlass Supreme and a 1994 Freightliner tractor pulling a partially loaded semi-trailer. All of the fatalities including a seven month old infant in a child safety seat were occupants of the Oldsmobile.			
16. Abstract This crash involved a head-on impact between a 1993 Oldsmobile Cutlass Supreme (Vehicle #1) and a 1994 Freightliner truck tractor pulling a semi-trailer (Vehicle #2). The crash occurred in March, 1994. Vehicle #1 was traveling east on a two lane, undivided, level, dry, asphalt roadway when it crossed the solid double yellow barrier centerline into the path of Vehicle #2 which was westbound. The driver of Vehicle #2 observed the movement of Vehicle #1 into his lane and attempted to avoid the collision by applying the brakes and steering to the right. Vehicle #2 skidded approximately 15 m (49') prior to the point of impact (POI). There were no skid marks attributed to Vehicle #1. Vehicle #1 rotated counterclockwise and was pushed rearward approximately 41 m (135') where it came to the final rest position (FRP) on the north shoulder and adjacent grass area facing south. Vehicle #2 jackknifed in a clockwise direction and departed the right side of the roadway coming to rest partially on the grass. Vehicle #1 sustained a maximum crush of 88.3 cm (34.8") to the right front bumper with extensive damage to the exterior and interior components. Vehicle #2 sustained moderate damage. The unrestrained thirty-five year old male driver of Vehicle #1 was pronounced dead at the scene and had to be extricated from the vehicle. A seven month old male (son) secured in a forward facing Century 300 child safety seat in the right front seat was also pronounced dead at the scene. The right rear passenger, an eight year male (son) who was not restrained, was standing along the side of the right front seat back rest prior to the crash. He was partially ejected through the right front window area. He was pronounced dead at the scene. The center rear passenger, a six year male (son), was removed by police personnel who cut his restraint belt. He was transported to a hospital where he was pronounced DOA. The left rear passenger, a three year old male (son), was restrained by the lap portion of the lap and shoulder belt. He was also removed by the police who cut his restraint belt and transported to a pediatric hospital via air flight. He expired five hours later.			
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CALSPAN ON-SITE CHILD SAFETY SEAT CRASH INVESTIGATION

CALSPAN CASE NO. 94-22

**VEHICLE #1 - 1993 OLDSMOBILE CUTLASS SUPREME
VEHICLE #2 - 1994 FREIGHTLINER TRACTOR/SEMI-TRAILER**

LOCATION - STATE OF NEW YORK

CRASH DATE - [REDACTED], 1994

The National Highway Traffic Safety Administration (NHTSA) was notified by the Special Crash Investigation Team at Calspan SRL Corporation of a passenger automobile/truck tractor semi-trailer head-on crash where all five occupants in the automobile sustained fatal injuries. The right front occupant in the automobile, a seven month old male infant, was seated in a forward facing child safety seat which was secured by the available three point automatic lap and shoulder belt in the right front seat. Notification of the crash was sent to NHTSA the following day and the Calspan Team initiated an on-site investigation the same day. The primary focus of the case involved the circumstances leading to the demise of the right front occupant in the automobile.

The vehicle was impounded by the police after the crash and later towed to a vehicle service garage for this inspection. Representatives from General Motors Corporation, the insurance company, the legal council for the surviving family, the New York State DOT, and the investigating police agency convened at the same time to inspect Vehicle #1.

SUMMARY

This crash involved a head-on impact between a 1993 Oldsmobile Cutlass Supreme (Vehicle #1) and a 1994 Freightliner truck tractor pulling a semi-trailer (Vehicle #2). The crash occurred on a day in [REDACTED], 1994 where the weather was clear and the temperature was 2° C (36° F). Vehicle #1 was traveling east on a two lane, undivided, level, dry, asphalt roadway when it crossed the broken/solid yellow centerline into the path of Vehicle #2 which was westbound. The driver of Vehicle #2 observed Vehicle #1 encroach into his lane and attempted to avoid the collision by applying the brakes and steering to the right. Vehicle #2 skidded approximately 15 m (49') prior to the point of impact (POI). There were no pre-impact tire marks from Vehicle #1.

The point of impact (POI) occurred in the westbound lane and involved the entire frontal plane of both vehicles (i.e., 100 percent overlap). Vehicle #1 sustained a maximum crush of 88.3 cm (34.8") to the right front bumper with extensive damage to exterior and interior components. Crush to the front bumper of Vehicle #2 could not be determined due to component removal prior to the investigation. However, on-scene photographs, indicated the vehicle

sustained an estimated crush extent comparable to an extent zone 1 under the classified Truck Deformation Classification (TDC).

Vehicle #1 rotated counterclockwise and was pushed rearward approximately 41 m (135') where it came to the final rest position (FRP) on the north shoulder and adjacent grass area facing south. Vehicle #2 jackknifed in a clockwise direction and departed the right side of the roadway. The tractor portion of the vehicle traveled along the paved shoulder and came to FRP in the adjacent grass area heading in a northerly direction. The semi-trailer remained attached to the tractor and came to rest with the left rear tires on the westbound travel lane and the right rear tires on the paved shoulder.

The unrestrained driver of Vehicle #1, a thirty-five year old male, was pronounced dead at the scene and had to be extricated from the vehicle. A seven month old male (son) who was seated in the right front seat and restrained in a forward facing Century 300 child safety seat was also pronounced at the scene. The left rear passenger, a three year male (son), was restrained by the lap belt portion of the lap and shoulder belt. He was removed by police personnel who released him from the restraint system by cutting the belt. He was transported to a hospital where he survived for five hours prior to expiring.

The center rear passenger, a six year old male (son), was restrained by the lap belt. He was also removed by the police by cutting the belt. He was transported to a hospital where he was pronounced DOA. The right rear passenger, an eight year male (son), was not restrained and may have been standing up against the right front seat back support prior to the crash. He was partially ejected through the right front window area. He was pronounced at the scene.

Vehicle #2 was a 1994 Freightliner, three axle, ten wheel, truck tractor with 123,288 kilometers (76,610 miles). It was pulling a two axle, eight wheel, 1985 Great Dane 13.5 m (45') semi-trailer which was reportedly partially loaded with paper products. The driver, a 36 year old male, suffered an abrasion of the left leg and reportedly was transported to the hospital from the police station by his supervisor.

Vehicle #1 exited the eastbound travel lane and collided with Vehicle #2 in the center of the westbound lane. At the POI, Vehicle #1's heading angle was estimated at 17° from the eastbound travel lane direction. There was no indication of pre-impact tire skid marks from Vehicle #1 (refer to police on-scene photographs #31 - #38 on pages A-16 through A-19). Vehicle #1 rotated counterclockwise following the POI and was pushed rearward approximately 41 m (135') where it came to the final rest position (FRP) on the north shoulder and grass area facing south.

The driver of Vehicle #2 saw Vehicle #1 encroach into his lane and attempted to avoid the crash by applying the brakes in a panic brake application and steering to the right. Vehicle #2 jackknifed in a clockwise direction and departed the right side of the roadway traveling approximately 30 m (98') from POI to FRP. The driver of Vehicle #2 was sustained an abrasion of his left leg, but declined to be transported from the scene to a medical facility.

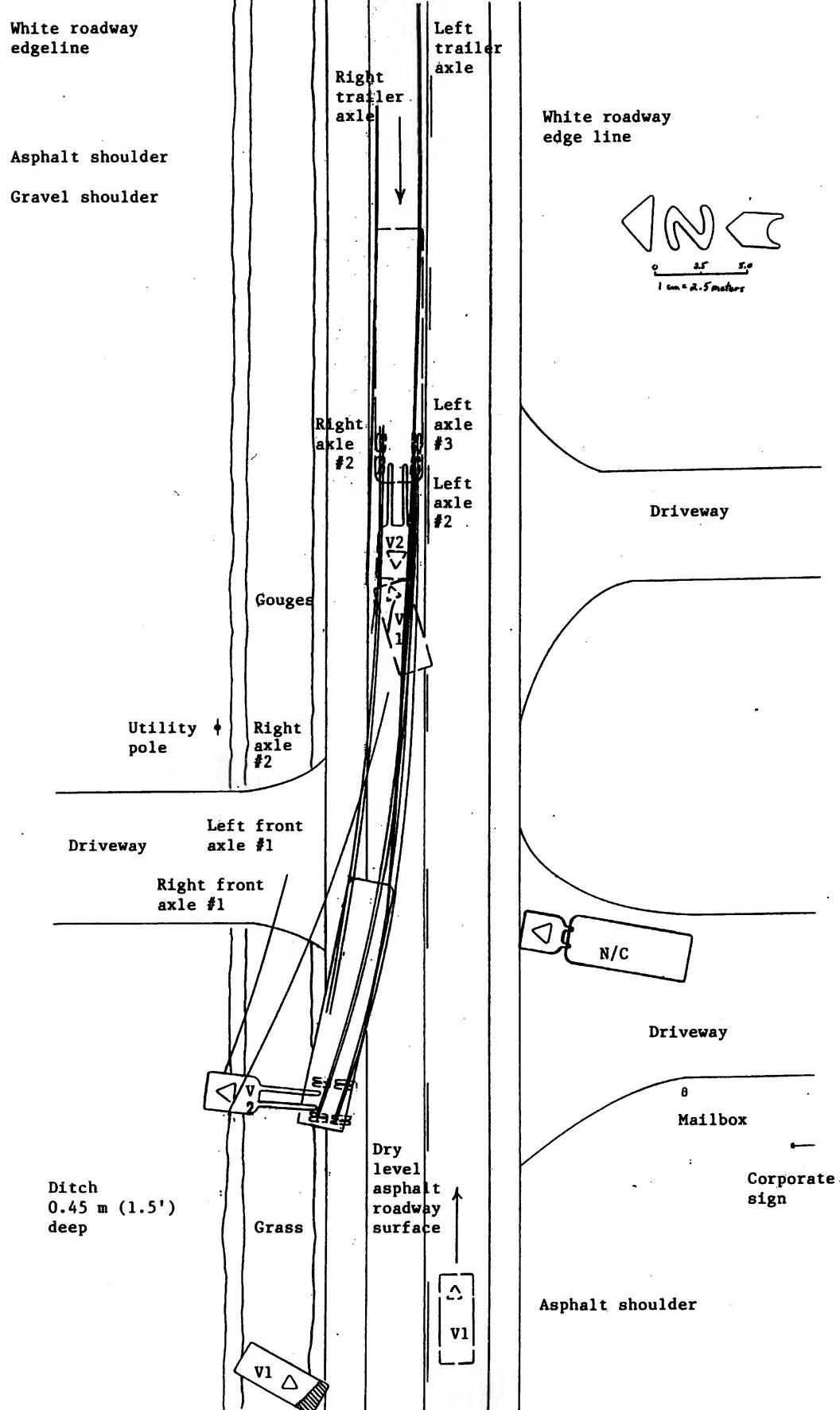
Based upon the apparent absence of crash avoidance evidence, the primary cause of the crash was judged to be driver distraction. The seven month old child in the right front seat may have been upset and making a fuss. The driver may have attempted to calm him with a pacifier. A pacifier was found during the vehicle inspection on the floor in front of the right front seat. The driver's efforts were probably unsuccessful, so he directed the right rear occupant to remove his restraint belt and assist him. A witness following directly behind Vehicle #1 indicated she saw arms of the right rear occupant moving around the right front seat back support prior to the crash.

A contributing factor may have been the presence of a garbage truck which was approaching the eastbound lane from a driveway on the south side of the roadway (i.e., from Vehicle #1's right). The truck was located approximately 20 m (65') west of the point of impact (POI). The garbage truck was reportedly stopped and waiting to turn right onto the eastbound travel lane. With the distraction inside Vehicle #1 and the presence of the garbage truck, the driver may have been startled and initiated a sudden left lane change maneuver.

Witnesses in a nearby commercial facility and a passing motorist were the first to render assistance. They used fire extinguishers to put out a fire which was confined to the engine compartment of Vehicle #1.

The local police department was assisted by the State Police in controlling traffic and inspecting the safety equipment on Vehicle #2. The local volunteer fire company responded within minutes of the crash with ambulances and fire rescue vehicles.

CRASH SCENE SCHEMATIC
CALSPAN CASE NO. 94-22



CRASH DATA	
Location:	State of New York.
Area/Type:	Rural/commercial.
Investigating Police Agency:	Local police department.
Accident Type:	Head-on crash.
Vehicle#1 Driver Injury Severity:	Critical (AIS-5).
AMBIENCE	
Viewing Conditions:	Daylight.
Weather:	Clear.
Temperature	2° C (36° F).
Road Surface:	Dry asphalt.
HIGHWAY	
Type:	County.
Number Of Lanes:	Two undivided lanes.
Roadway Width:	6.6 m (21.8').
Surface:	Asphalt.
Median:	None.
Edge:	South edge, 1.6 m (5.1') asphalt. North edge, 2.3 m (7.6') asphalt.
Vertical Alignment:	Level.
Horizontal Alignment:	Straight.
Estimated Coefficient Of Friction:	0.7
Traffic Density:	Moderate.

TRAFFIC CONTROLS	
Signals:	None.
Signs:	None.
Markings:	White solid roadway edge line in good condition Broken solid yellow centerline which permitted eastbound passing.
Speed Limit:	89 km/h (55 mph).

VEHICLE #1 DESCRIPTION	
Description:	1993 Oldsmobile Cutlass Supreme, 4 door.
V.I.N.:	1G3WH54T5PD(serial # omitted).
Color:	Tan.
Odometer:	19,300 km (12,000 miles) approximated due to destruction of odometer during the crash.
Engine:	3.1 liter, 6 cylinder.
Transmission:	Automatic.
Steering:	Power steering.
Brakes:	Power assisted four wheel disks.
Padding:	Soft edge steering wheel rim, sunvisor, seats and seat arm rests, roof liner, door panels and arm rest, upper and mid instrument panel.
Active Restraints:	3-point lap and shoulder belts in the out-board rear seating positions, lap belt in the first and second row center seat positions.
Passive Restraints:	3-point door mounted lap and shoulder belts in the out-board front seat positions.
Defects:	None.
Tow Status:	Towed from scene due to damage.

VEHICLE #2 DESCRIPTION	
Description:	1994 Freightliner Truck Tractor pulling a 40' 1985 Great Dane Semi-Trailer which was partially loaded.
V.I.N.:	Freightliner- 1FUYDCYB3RH(serial # omitted). Great Dane- 1GRAA9025FS(serial # omitted).
Color:	Freightliner- White Great Dane- White with red, yellow, and blue stripes.
Odometer:	123,288 km (76,610 miles).
Engine:	Cummins NTC.
Transmission:	Automatic.
Steering:	Power.
Brakes:	Air drum brakes at all axles.
Padding:	Soft edge steering wheel rim, seats, roof liner, and door panels.
Active Restraints:	3-point lap and shoulder belts in the out-board front seat positions.
Passive Restraints:	None
Defects:	None
Tow Status:	Towed from scene due to damage

VEHICLE DAMAGE

Vehicle #1

Exterior:

The frontal plane of the 1993 Oldsmobile Cutlass Supreme struck the frontal plane of the 1994 Freightliner Truck Tractor pulling a 40' 1985 Great Dane semi-trailer. Direct contact was noted along the entire front including the front bumper surface, grille, and hood area. The front bumper sustained a maximum rearward displacement of 88.3 cm (34.8") at the right front bumper corner. The combined direct and induced damage length measured 110.2 cm (43.4") (refer to photograph #40 on page A-20). Measured crush values are listed below:

Bumper Crush		
$C_1 = 39.0 \text{ cm (15.5")}$	$C_2 = 49.2 \text{ cm (19.4")}$	$C_3 = 60.9 \text{ cm (24.0")}$
$C_4 = 71.1 \text{ cm (28.0")}$	$C_5 = 78.1 \text{ cm (30.7")}$	$C_6 = 88.3 \text{ cm (34.8")}$

Components damaged in the crash included: the front bumper fascia, the grille; the headlight and directional light assemblies; the hood; the front fenders; the radiator; the engine; the roof, the windshield; front suspension, front tires, and all four doors.

CDC: 12-FDAA-7

Repair Cost: Totaled

Vehicle #1 Interior

Damage to the interior was extensive which was associated with component intrusions and occupant contacts. The engine was displaced rearward and intruded into the occupant passenger compartment (refer to photographs #66, #68 on pages A-33, A-34). The windshield with the exception of a small area at the windshield header was totally separated from the vehicle. Hair (appeared to be eyebrow hair) and tissue transfers were noted forward of the driver's position. The hair was located 34.3 cm (13.5") left of the vehicle centerline and extended 27.9 cm to 38.1 cm (11.0"-15.0") below the windshield header. The tissue transfer was located 25.4 cm to 37.5 cm (10.0"-14.75") left of the centerline (refer to photographs #55, #56 on page A-28).

Hair fibers were present on the forward edge of sunvisor near the outboard hinge located 38.1 cm to 42.5 cm (15.0"-16.75") left of the vehicle centerline and extended from the edge of the sunvisor 13.3 cm (5.25") rearward. Two pens located on the elastic band around the sunvisor were cracked from contact by the driver's head during the crash (refer to photograph #57 on page A-29). A vanity mirror located on the upside of the sunvisor was not cracked. The sunvisor thickness measured 7.9 mm (0.3").

The steering wheel was separated from the steering column at the tilt mechanism as the result of loading by the driver and the rearward movement of the steering column from impact forces. The steering column was rotated 72 degrees vertically and tilted toward the right at 75 degrees as shown in photographs #60, #61 on pages A-30, A-31. The upper edge of the steering wheel rim was deformed rearward 28.6 cm (11.25") from the hub with the bottom edge deformed vertically in a semicircular pattern (refer to photographs #62 - #63 on pages A-31, A-32).

The right side instrument panel was displaced rearward and rotated upward. Gouges marks were noted along the lower portion of the instrument panel which resulted from contact with the forward facing child safety seat and intruding metal interior structure (refer to photographs #69-#71, #81 on pages A-35, A-36, A-41). The instrument panel was against the right front occupant at final rest position partially obscuring the child from view. The police initially were unaware of his presence until a thorough search of the vehicle was conducted moments later.

A 15.2 cm (6.0") diameter bodily fluid transfer was evident on the interior surface of the right front door panel. It was located just behind the door hand grab rail and extended downward from the window sill area. This was attributed to the right rear occupant and oriented his final rest position.

The restraint belts for the right front, left rear, and center rear occupants showed signs of crash related abrasions and were cut by the police to remove the occupants. The latch plates were still inserted into the buckle at the time of the inspection (refer to photograph #73 on page A-37 for the right front, #75, #77, #78 on pages A-38, A-39 for the left rear, and #83 on page A-42 for the right rear).

Vehicle #1 was equipped with a vehicle mounted cellular telephone. The handset was resting on the front seat cushion next to the driver and not in its cradle. Due to the rearward deformation of the instrument panel and floor pan, the telephone cradle could not be located (refer to photograph #68 on page A-34). It was reported by the attorney representing the estate of the driver that according to the cellular telephone company's records the telephone was not in use at the time of the crash. The left front and right rear restraint did not exhibit any belt surface artifact and were in a spooled up position with retractors in a locked mode.

The pillars were cut by rescue and the roof was removed. This was accomplished to remove the driver, right front and right rear occupants.

Vehicle #2

Exterior:

The frontal plane of Vehicle #2 was struck by the frontal plane of Vehicle #1. The vehicle was in the process of being repaired at the time of inspection. Direct contact to the front bumper measured 129.3 cm (50.9"). Crush measurements were not be obtained due to the bumper removal (refer to photographs #92, #94 on pages A-46, A-47). The crush pattern was concentrated near the center of the bumper and was consistent with the contact pattern with Vehicle #1.

Damaged components included: the front bumper; grille; hood/fender assembly; left front tire; radiator; engine components; frame; front axle quick release air valve; and right front air brake cam shaft chamber. The left front tire was punctured along the outboard tread rib from the cylindrical right front door beam of Vehicle #1 (refer to photographs #98, #53 on pages A-49, A-27).

TDC: 12-FDEW-1

Repair Cost: The cost of replacement parts for the vehicle was estimated by the repair shop at \$15,000

Vehicle #2

Interior

The interior of the vehicle was not damaged in the crash. There was a scuff mark noted to the inside aspect of the left front lap restraint belt. The driver sustained an abrasion of the left leg.

VEHICLE VELOCITY ESTIMATES

A impact speed calculation was not performed as Vehicle #2 was outside the boundary of the SMASH speed reconstruction algorithms. A barrier equivalent computation was performed using the SMASH program. The program calculated the delta V for Vehicle #1 at 62 km/h (38 mph).

The crash occurred on a straight level rural/commercial roadway with a posted speed limit of 89 km/h (55 mph). The driver of Vehicle #2 indicated to police that he was traveling at 72 km/h (45 mph) prior to the crash.

COLLISION SEQUENCE

Pre-crash:

The driver of Vehicle #1 was transporting his four children to his mother's residence approximately 8 km (5 miles) from his home. Upon departing for this destination, it was believed all occupants were using the available restraint belts. As noted in this report, three of the occupants were removed from the vehicle after the police department cut their restraint belts. The driver and right rear restraint belts showed signs of routine usage, but were not used at the time of the crash.

According to a witness traveling eastbound directly behind Vehicle #1, Vehicle #1 was stopped at a traffic light approximately 1.2 km (0.75 mile) from the crash site. The witness indicated she saw children in the rear seat of Vehicle #1 as they began to accelerate. According to her statement to the police, there were no other vehicles in front of Vehicle #1 prior to the crash.

It was also reported to the police that the driver of Vehicle #1 was in the process of changing careers. The career change was reportedly an upward step and that the driver was looking forward to his new job.

The witness said she saw movement in the right rear seat by the right rear passenger. From this observation, it was assumed the right front occupant, a seven month old infant, was uncomfortable and the right rear occupant may have been instructed by the driver to provide assistance.

A pacifier was found on the floor in front of the right front seat which the driver may have used to calm him. However, the driver's efforts to keep the pacifier in the child's mouth may have been unsuccessful. The driver at that point may have released his lap and shoulder belt to allow more mobility in dealing with the situation.

It was likely the driver's attention was diverted from the task of driving and was concentrated on the complexities of having a disquieted baby and the movement of the unrestrained right rear occupant. As the driver returned his attention back to the roadway, the presence of a garbage truck in a driveway to his right may have contributed to the driver's sudden lane change maneuver.

However, there was no link established by the police department which cited the presence of the garbage truck as the cause of the crash. The witness traveling directly behind Vehicle #1 described the movement of Vehicle #1 as a swerving action. She said it did not appear to be a planned action such as a passing maneuver. She indicated the on-coming truck (Vehicle #2) was too close for this type of action.

The driver of Vehicle #2 was making a delivery of paper products. He was described as good driver by his supervisor. While traveling at a reported speed of 72 km/h (45 mph), the driver saw Vehicle #1 encroach into his lane. The driver attempted to avoid the crash by applying the brakes in a panic brake application and steering to the right. Vehicle #2 skidded approximately 15 m (49') prior to the point of impact (POI).

Crash:

The POI was located in the center of the westbound lane with Vehicle #1 traveling in an angular direction toward the north roadway edge line. Vehicle #1 rotated counterclockwise and was pushed rearward approximately 41 m (135') where it came to the final rest position (FRP) on the north shoulder and grass area facing south. Vehicle #2 jackknifed in a clockwise direction and departed the right side of the roadway traveling approximately 30 m (98') from POI to FRP.

Post-Crash:

Final Rest - Vehicle #1 came to final rest with the front tires on the gravel portion of the north shoulder and rear tires in the adjacent grass area. A fire developed in the engine compartment and was extinguished by passer-bys.

The tractor portion of the vehicle traveled along the paved shoulder and came to FRP in the adjacent grass area heading in a northerly direction. The semi-trailer remained attached to the tractor and came to rest with the left rear tires on the westbound travel lane and the right rear tires on the paved shoulder.

Driver Activities - The driver was pronounced dead on scene. Just prior to the crash, the driver may have been distracted from the driving task by the right front and right rear occupants. His inattention may have resulted in the sudden left steering maneuver. He was found by rescue unrestrained in the driver seat.

Police Activities - The local police department was the primary law enforcement agency in-charge of the investigation. They arrived within minutes of the crash and removed restraint belts from the two of the rear seat occupants. They were assisted by the State Police who inspected and evaluated the braking system of Vehicle #2. The State Police did not find any pre-impact component failures during their vehicle inspection. The local police sealed the area to traffic, but rescue vehicles apparently traveled over some of the evidence resulting in some tire marks in the pavement surface.

Rescue Activities - A local volunteer fire department responded and arrived moments after the police department. The left rear occupant in Vehicle #1 was life flighted to a pediatric hospital where he expired five hours after the crash. The center rear occupant was transported to an area hospital via ambulance where he was pronounced DOA.

The medical coroner's office responded to the scene and pronounced the expiration of the driver, the right front occupant, and the right rear occupant. Their bodies were transported to the morgue where an autopsy was performed.

Scene Clearance - Both vehicles were towed from the scene due to damage. Vehicle #1 was impounded by the police and stored at their headquarters. It was later towed to a repair facility where it was available for inspection by all interested parties which took place fifteen days after the crash.

Vehicle #2 was towed to a local tow yard where the State Police inspected the braking system. Their report indicated the braking system was within normal limits. The vehicle was released to the owner who had the vehicle towed to a repair facility. The vehicle was partially disassembled at the time of inspection.

Human Factors/Occupant Data

Vehicle #1	Driver	Right Front Occupant	Left Rear Occupant	Center Rear Occupant	Right Rear Occupant
Age/Sex:	35 years male	7 months male	3 years male	6 years male	8 years male
Height:	168.9 cm (66.5")	66.0 cm (26.0")	106.7 cm (42.0")	119.4 cm (47.0")	127.0 cm (50.0")
Weight:	65.8 kg (145 lbs)	7.9 kg (17.5 lbs)	15.9 kg (35.0 lbs)	23.1 kg (51.0 lbs)	24.0 kg (53.0 lbs)

Vehicle #1	Driver	Right Front Occupant	Left Rear Occupant	Center Rear Occupant	Right Rear Occupant
Restraint System Usage:	Not wearing the available 3-pt passive lap and torso belt	Forward facing child safety seat, Century 300	Manual lap and torso belt used	Manual lap belt used	Not wearing the available 3-pt manual lap and torso belt
Usage Source:	Police Accident Report, Inspection	Police Accident Report, Inspection	Police Accident Report, Inspection	Police Accident Report, Inspection	Police Accident Report, Inspection
Eyewear:	Unknown	None	Unknown	Unknown	Unknown
Type of Medical Treatment:	None, expired	None, expired	Transported via life flight, expired 5 hrs. later	Transported via ambulance, DOA	None, expired
Vehicle Familiarity:	Familiar, leased vehicle				
Route Familiarity:	Very familiar				
Trip Plan:	Visit relative (mother)				

INJURY DATA

This was a catastrophic crash where occupant survivability would not have been anticipated regardless of restraint belt usage. Injuries which were assigned to the lap belt in the following tables should not be viewed as failure of the restraint system. Had rear seat occupants not been restrained, it would have been anticipated that they would have sustained fatal injuries from contacting other interior components.

DRIVER INJURIES VEHICLE #1	SEVERITY (AIS)	SOURCE
1-3. Diffuse brush burn type abrasions: -right side of face -chin -left cheek	290202.11 290202.18 290202.12	Windshield Windshield Left sunvisor
4. Chest-diffuse bruise	490402.12	Steering wheel
5-6. Back of right forearm and right hand: -abrasions -bruise	790202.11 790402.11	Instrument panel Instrument panel
7. Right Thigh--lateral aspect: 7" laceration	890602.11	Instrument panel
8. Left knee and left leg: Multiple areas of abrasions	890202.12	Instrument panel
9. Right femur fracture-lower portion	851800.31	Instrument panel
10. Right tibia fracture-upper part	853404.21	Instrument panel
11. Right tibia fracture-lower part	853404.21	Floor
12. Right fibula fracture-upper part	851605.21	Instrument panel
13. Right fibula fracture-lower part	851605.21	Floor
14. Thoracic aorta laceration-transected	420210.54	Steering wheel
15. Heart-right atrium lacerated	441012.54	Steering wheel
16. Chest-left ribs fracture, entire left ribs, right ribs fracture (1st thru 7th) with hemothorax	450242.53	Steering wheel
17. Bilateral lung contusions	441410.43	Steering wheel

DRIVER INJURIES VEHICLE #1	SEVERITY (AIS)	SOURCE
18. Liver-extensive lacerations	541826.41	Steering wheel
19. Spleen-extensive laceration, normal appearance of the organ is completely disappeared due to extensive laceration	544226.42	Steering wheel
20. Left kidney-laceration	541620.22	Steering wheel
21. Small intestine contusions	541410.28	Steering wheel
22. Large intestine contusions	540810.28	Steering wheel
23. Maxillary bone fracture	250800.29	Sunvisor (roof)
24. Small subdural hemorrhage	140652.49	Sunvisor (roof)
25-26. Skull: -left temporal bone fracture -sphenoid bone fracture (base)	150400.22 150200.38	Sunvisor (roof) Sunvisor (roof)

RIGHT FRONT PASSENGER INJURIES - 7 month old male	SEVERITY (AIS)	SOURCE
1-2. Skull-committed fracture of the vault and into the base of the skull with lacerated dura mater -Comminuted, open fracture, frontal skull -Comminuted, open fracture, base of skull	150406.45 150206.48	Child safety seat shield/right instrument panel
3. Brain laceration, severely lacerated	140688.49	Child safety seat shield/right instrument panel
4. Subdural hemorrhage	140652.49	Child safety seat shield/right instrument panel
5. Cervical spine fracture, fracture of cervical spine between C ₇ and T ₁	650232.26	Child safety seat shield/right instrument panel

RIGHT FRONT PASSENGER INJURIES - 7 month old male	SEVERITY (AIS)	SOURCE
6. Bilateral lung contusions, a few small contusions are seen on the outer surfaces of both lungs, hemothorax	441410.43	Child safety seat shield/right instrument panel
7. Spleen lacerated	544220.22	Child safety seat shield/right instrument panel
8. Femur fracture-shaft, left femur is fractured in its upper third	851816.22	Child safety seat shield/right instrument panel
9. Abdomen abrasion, transverse abrasion across abdomen at left lower umbilicus	590202.10	Child safety seat shield/right instrument panel
10. Right thigh abrasion, anterior surface	890202.11	Child safety seat shield/right instrument panel
11. Scalp contusions-the scalp is reflected and hemorrhage is seen in the frontal, temporal and occipital areas, -frontal contusions -temporal contusions -occipital contusions	190402.10	Child safety seat shield/right instrument panel

LEFT REAR PASSENGER INJURIES - 3 year old male	SEVERITY (AIS)	SOURCE
1. Skull fracture-linear fracture extending from right temporal area backward	150402.21	Torso jackknife, contact with lower extremity
2. Subdural hemorrhage	140652.49	Torso jackknife, contact with lower extremity
3. Subarachnoid hemorrhage	140684.39	Torso jackknife, contact with lower extremity

LEFT REAR PASSENGER INJURIES - 3 year old male	SEVERITY (AIS)	SOURCE
4. Bilateral cerebral contusions- marked contusions on left and right occipital areas as well as posterior aspect of the cerebellum. These contusions are contra-coup to the impact on the right face	140402.36	Torso jackknife, contact with lower extremity
5. Cerebellum contusions	140402.36	Torso jackknife, contact with lower extremity
6. Cerebral lacerations	140688.49	Torso jackknife, contact with lower extremity
7. Middle meningeal artery (branch external carotid), transected on right side, right face	220204.31	Torso jackknife, contact with lower extremity
8. Atlanto-occipital dislocation	650208.26	Torso jackknife, contact with lower extremity
9. Thoracic spine - T ₁₂ fracture	650416.27	Lap belt
10. Lumbar spine - L ₁ fracture	650616.28	Lap belt
11. Right forearm fracture	751800.21	Seat
12. Right tibia fracture	853404.21	Torso jackknife, contact with head
13. Right fibula fracture	851605.21	Torso jackknife, contact with head
14. Heart contusion-heart shows petechial hemorrhages on the surface as well as on the endocardium	441002.34	Torso jackknife, contact with lower extremity
15. Liver laceration	541820.21	Lap belt
16. Diaphragm contusions	440602.28	Lap belt

LEFT REAR PASSENGER INJURIES - 3 year old male	SEVERITY (AIS)	SOURCE
17. Mesentery laceration--mesentery laceration is the site of bleeding in the abdominal cavity (major)	542024.38	Lap belt
18. Abdominal contusions	590402.10	Lap belt
19. Lower extremities contusions-marked petechial hemorrhages from the waist down to the toes	890402.13	Torso jackknife
20-22. Facial contusions: -right forehead -right cheek -right zygomatic area	290402.17 290402.11 290402.11	Torso jackknife, contact with lower extremity
23-24. Head contusions-right and frontal scalp is reflected and there is marked subgaleal hemorrhage in right frontal and right temporal areas	190402.11 190402.15	Torso jackknife, contact with lower extremity

CENTER REAR PASSENGER INJURIES - 6 year old male	SEVERITY (AIS)	SOURCE
1. Spine-complete transection of the lumbar vertebral bone between L3 and L4	650699.28	Lap belt
2. Spinal cord-lumbar spinal cord demonstrates hemorrhage with no fracture or dislocation	640602.38	Lap belt
3. Abdominal aorta laceration	520208.54	Lap belt
4. Left external iliac vein laceration	521002.22	Lap belt
5. Mesentery laceration	542020.28	Lap belt
6. Mesentery contusion, "contusion of intestines"	542010.28	Lap belt

CENTER REAR PASSENGER INJURIES - 6 year old male	SEVERITY (AIS)	SOURCE
7. Cerebral edema	140668.39	Floor
8. Subdural hemorrhage-small	140652.49	Floor
9. Bilateral lung contusions	441410.43	Floor
10. Kidney contusion, left kidney demonstrates focal hemorrhage	541610.22	Lap belt
11-12. Head contusions-scalp is reflected and shows hemorrhage on the front part of the head and left side of head	190402.15 190402.12	Floor Floor
13. Left forehead abrasion	290202.17	Floor
15. Right chin abrasion	290202.18	Floor
16. Abdominal abrasion-abdomen demonstrates a band-like abrasion measuring 2" in width	590202.10	Lap belt
15. Right flank contusion, right flank demonstrates diffuse bruising	590402.11	Lap belt

RIGHT REAR PASSENGER INJURIES (8 year old male)	SEVERITY (AIS)	SOURCE
1-2. Skull fractures-communited fracture of vault and extends into the base with lacerated dura mater -communited, open fracture, right skull -communited, open fracture, base of skull	150406.41 150206.48	Upper A-pillar Upper A-pillar
3. Cerebral laceration-right frontal lobe is severely lacerated	140688.41	Upper A-pillar
4. Epidural hemorrhage	140630.49	Upper A-pillar
5. Subdural hemorrhage	140650.49	Upper A-pillar

RIGHT REAR PASSENGER INJURIES (8 year old male)	SEVERITY (AIS)	SOURCE
6. Intraventricular hemorrhage	140678.49	Upper A-pillar
7. Spleen-severely lacerated	544226.42	Seat back support
8. Bilateral lung contusions	441410.43	Seat back support
9. Left femur fracture, lower end	851802.22	Seat back support
10. Laceration-1 1/4" in right frontal head area	190602.11	Upper A-pillar
11. Lacerations-1/2" and 1/8" right forehead	290602.17	Upper A-pillar
12. Contusion-right upper arm	790402.11	Right front door surface
13. Contusions-right upper quadrant of the anterior abdominal wall	590402.17	Right front door surface
14. Contusions-left groin	590402.18	Seat back support
15. Laceration-1/4" anterior left knee	890602.12	Seat back support
16. Abrasion-anterior surface left knee	890202.12	Seat back support
17. Contusions: -right lower leg -right knee -lower aspect, left ankle	890402.10	Right rear door surface
17. Laceration-3/4" over proximal phalanx, left index finger	790602.12	Instrument panel
19. Scalp contusions-scalp is reflected and shows considerable hemorrhage	190402.10	Upper A-pillar

DRIVER INJURIES VEHICLE #1 (36 year old male)	SEVERITY (AIS)	SOURCE
1. Abrasion of the left leg	890202.12	Left instrument panel

OCCUPANT KINEMATICS

Vehicle #1

The unrestrained driver moved forward during the crash and contacted the steering wheel with his abdominal and chest areas. The driver's knees contacted the lower instrument panel which was deforming rearward against his body. As the frontal crush continued rearward, the engine was displaced and protruded through the toe pan. This displacement resulted in the rearward movement of the steering column which was in contact with the driver's chest and abdominal area. Loading of the steering column resulted in the separation of steering wheel from the hub at the tilt wheel articulation joint.

The driver's torso was then forced upward resulting in contact of his head with the left sunvisor and underlying roof structure. The driver's continued forward and contacted the windshield as evidenced by the tissue transfer and embedded hair in the glazing. The steering column rotated vertically and separated at the floor pan. The driver rebounded and came to rest slumped rearward in the driver's seat. His lower extremities were entrapped by the lower instrument panel.

The right front occupant was in a forward facing child restraint seat which was properly secured to the vehicle with the automatic lap and torso belt. The occupant moved against the safety seat harness at the on-set of the crash sequence. As the frontal plane of the vehicle crushed rearward, the instrument panel intruded into the vehicle interior and contacted the child seat's safety shield. The shield was displaced rearward and contacted the child's head and face. This resulted in critical injuries to his head, neck, chest, abdomen, and lower extremities. The child remained secured in the child seat and the seat remained secured to the vehicle via the lap and shoulder belt at final rest.

The left rear occupant (three year old male) was secured with the lap portion of the three point lap and shoulder belt. The occupant moved forward during the impact with his upper torso jackknifing over his lower extremity. His head contacted his legs resulting in a fracture of the skull and numerous brain injuries while suffering lower leg fractures. His head was deflected rearward resulting in the dislocation of the atlanto-occipital. He sustained several abdominal organ lesions and lower spine fractures which were attributed to the lap belt. The lap belt was cut by a police officer to remove him from the vehicle.

The center rear occupant (six year old male) was secured with the available lap belt. He moved forward in response to impact forces and jackknifed with his upper torso contacting his lower extremities and his head striking the floor which resulted in brain injuries. He sustained multiple internal abdominal lesions which were attributed to loading on the lap belt. The lap belt was cut by a police officer to remove him from the vehicle.

The right rear occupant (8 year old male) had released his lap and shoulder belt prior to the crash and was standing with his upper torso along the right side of the front seat back support assisting the right front occupant. During the crash phase, the occupant moved forward and struck the right front upper A-pillar with his head which resulted in several skull fractures and

brain lesions. His right upper and lower extremities and right abdominal region contacted the right front door surface resulting in multiple contusions. His left lower torso contacted the seat back support which resulted in chest, abdominal, and lower extremity lesions. The occupant's head and upper torso may have been partially ejected through the right front window. The on-scene police photograph showed the occupant's head and chest against the right front door panel and his lower torso pinned against the right front seat back rest. The door panel in the vicinity of the occupant's upper torso was deformed laterally and protruded outward from the side plane of the vehicle.

CHILD SAFETY SEAT

The right front occupant was seated in a Century 300 convertible child safety seat equipped with a three point belt harness and a hinged restraining shield. The seat was manufactured [REDACTED] 1982 and was constructed with a steel tubular frame with a vinyl shell construction. A brown padded vinyl seat cushion was attached by snaps which remained intact during the crash. The seat positioning adjustment bar was in the vertical detent slot which was consistent with the recommended placement for usage in a forward facing position. The torso belt was located in the lower of the two vertical adjustment slots.

The back support of the vinyl shell was fractured as the result of loading by the intruding instrument panel. The tubular frame along the leading safety seat structure was displaced rearward resulting in the deformation of the entire safety seat. The leading edge of the seat was fractured and separated from the frame. The right side hinge of the restraining shield was separated from the seat (refer to photographs #84-#91 on pages A-42 through A-46).

The occupant was restrained in the child safety seat at final rest. Rescue personnel cut the vehicle's lap and torso belt to release the child seat. The occupant was transported to the Medical Examiner's office while still restrained in the child safety seat.

Appendix A

Selected Prints

Selected Prints
Calspan Case No. 94-22



1. Trajectory of Vehicle #1 (1993 Oldsmobile Cutlass Supreme) traveling eastbound - 122 meters (400') prior to the point of impact (POI).



2. Trajectory of Vehicle #1 - 91 meters (300') prior to the POI.



3. Trajectory of Vehicle #1 - 76 meters (250') prior to the POI.



4. Trajectory of Vehicle #1 - 31 meters (200') prior to the POI.



5. Trajectory of Vehicle #1 - 46 meters (150') prior to the POI.



6. Trajectory of Vehicle #1 - 30 meters (100') prior to the POI.



7. Trajectory of Vehicle #1 - 15 meters (50') prior to the POI.



8. Trajectory of Vehicle #1 - 3 meters (10') prior to the POI.



9. Trajectory of Vehicle #1 at POI.



10. Final rest position (FRP) of Vehicle #1.



11. View of the FRP of Vehicle #1 with the front tire placement located along the bottom portion of the photograph (i.e., right front tire located at the bottom left corner, left front tire located at the bottom right corner).



12. View looking eastward beyond Vehicle #1's FRP.



13. Trajectory of Vehicle #2 - 31 meters (200') prior to the POI.



14. Trajectory of Vehicle #2 - 46 meters (150') prior to the POI.



15. Trajectory of Vehicle #2 - 30 meters (100') prior to the POI. This view shows the beginning of Vehicle #2's skid mark pattern.



16. View of Vehicle #2's trajectory as it departs the right roadway edge line.



17. Trajectory of Vehicle #2 - 15 meters (50') prior to the POI.



18. Closer view of Vehicle #2's skid mark pattern.



19. View of Vehicle #2's skid pattern at 8 meter (25') prior to POI.



20. Another view of Vehicle #2's skid pattern at 8 meter (25') prior to POI.



21. Trajectory of Vehicle #2 at POI.



22. Close-up view of at the POI.



23. View of Vehicle #2's post impact trajectory.



24. Another view of Vehicle #2's post impact trajectory.



25. View of Vehicle 2's post crash trajectory prior to the FRP.



26. View of Vehicle #2's FRP.



27. View of Vehicle #2's FRP looking north from the westbound travel lane



28. Reverse view of Vehicle #2's trajectory from beyond its FRP.



29. Reverse view of Vehicle #2's trajectory.



30. Reverse view of Vehicle #2's trajectory looking from beyond the FRP positions of Vehicle #1 and Vehicle #2.



31. On-scene photograph showing Vehicle #2's tire skid pattern and FRP.



32. On-scene view of Vehicle #2's tire skid pattern and FRP.



33. On-scene view of Vehicle #2's tire skid pattern highlighting the location of the tractor's axle 2 and axle 3 tires at the POI.



34. Close-up on-scene view of the POI in the direction of Vehicle #2's trajectory.



35. On-scene view of Vehicle #1's and Vehicle #2's FRP looking in a southwesterly direction.



36. On-scene view of Vehicle #1's trajectory.



37. Another on-scene view of Vehicle #1's trajectory.



38. Close-up on-scene reverse trajectory view of Vehicle #2's skid pattern showing the position of the tractor's axle 2 and axle 3 tires at POI.



39. On-scene view of both vehicles at FRP looking east.



40. Frontal view of Vehicle #1, 1993 Oldsmobile Cutlass Supreme.



41. Frontal view of Vehicle #1's hood which was separated from the vehicle during the crash.



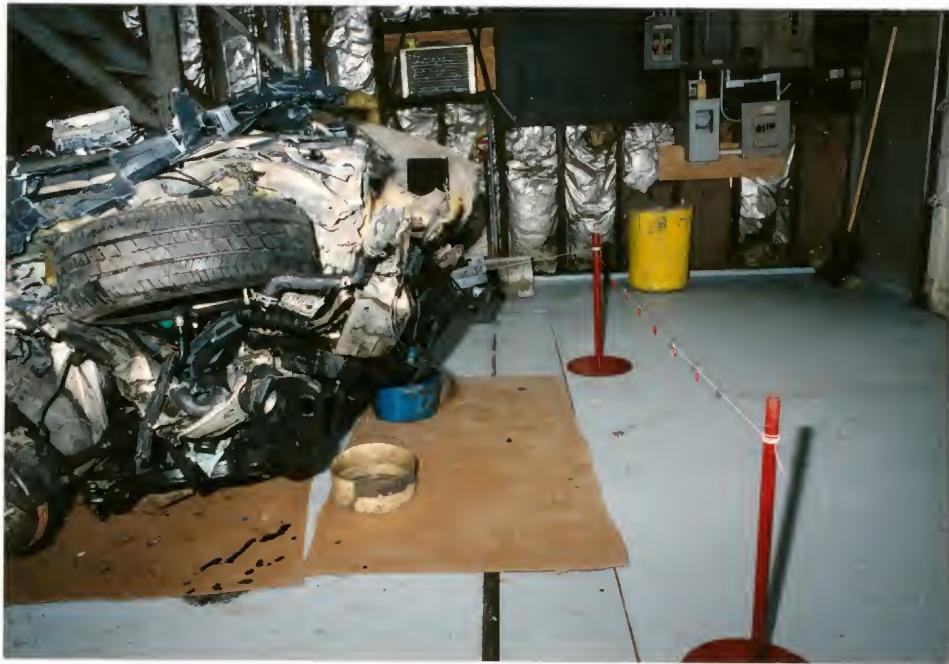
42. Right side of Vehicle #1's frontal plane.



43. Left side of Vehicle #1's frontal plane.



44. Lateral view of the frontal plane taken from the left side of the vehicle illustrating the extent of frontal crush.



45. Lateral view of the frontal plane taken from the right side of the vehicle illustrating the extent of frontal crush.



46. Left front corner view.



47. Overhead view of the frontal plane taken from the left side of Vehicle #1.



48. View of the left rear corner view.



49. View of the right rear corner view.



50. View of the right side plane.



51. Lateral view of the right front side plane.



52. Right front corner view.



53. View of the right front fender, brake caliper, and door surface.



54. Close-up view of the right front ball joint separated in the crash.



55. View of the windshield and roof (removed during rescue) shown in an inverted position (i.e., inside surface of the windshield is displayed with the left side toward the left side of the photograph).



56. Close-up view of contact evidence on windshield.



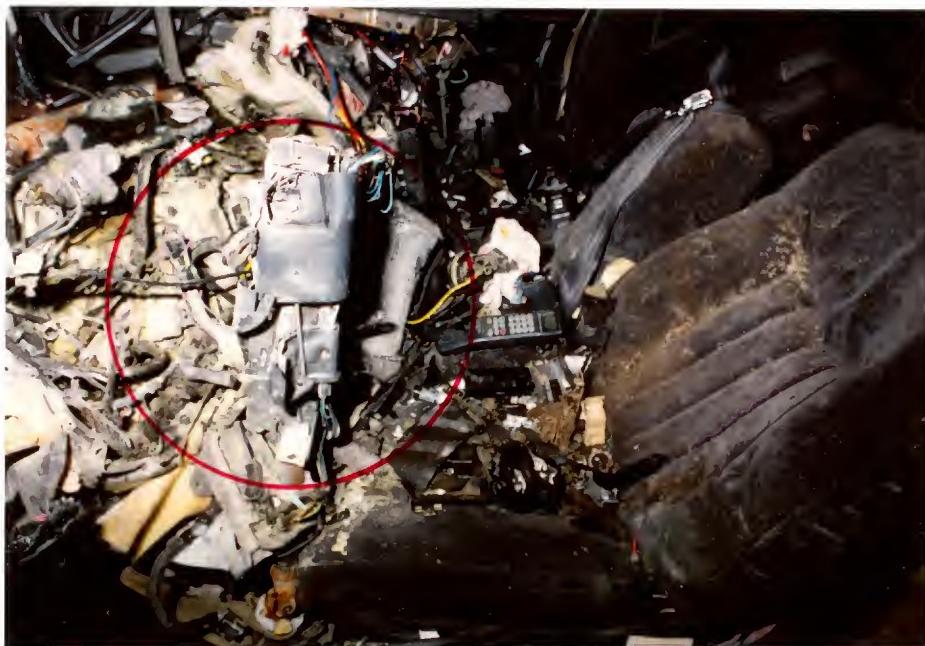
57. Close-up view of contact on left sunvisor and pens in elastic band.



58. View of the rear view mirror.



59. Overall view of Vehicle #1's interior. The front end of the vehicle is located along the left side of the vehicle.



60. View of the front seat and instrument panel looking laterally from the left side of the vehicle. Note the position of the steering column shown in the encircled area.

61. Close-up view of the steering column. Note its position with the leading edge of the driver's seat cushion.



62. Lateral view of the steering wheel which was separated during the crash.

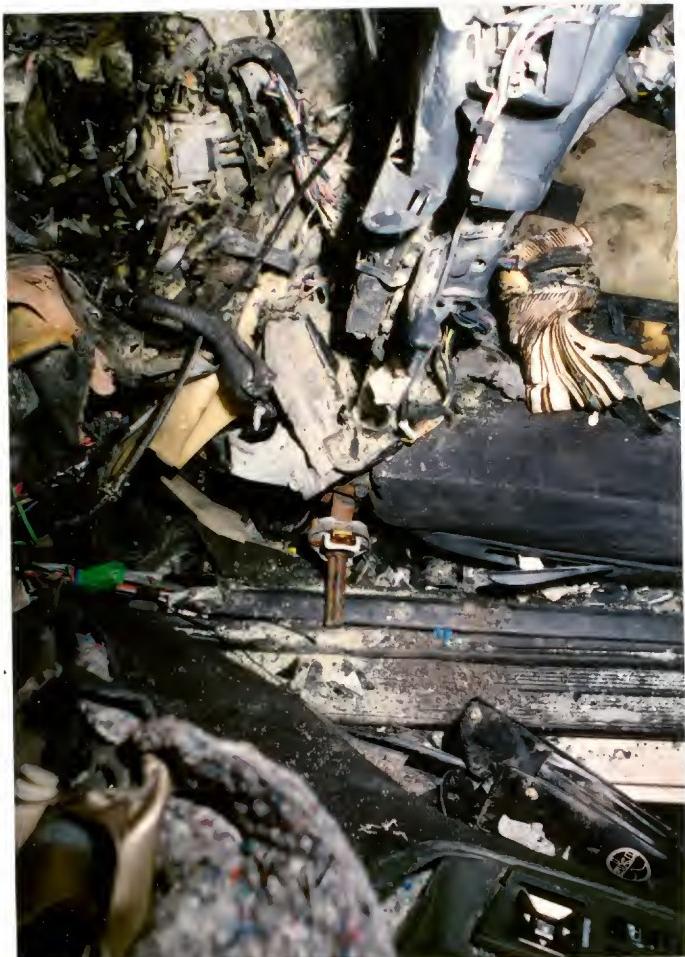


63. Another view of the steering wheel.



64. View of the reverse side of the steering wheel showing the fractured site where the steering wheel separated from the steering column.

65. View showing the close proximity of the instrument panel and steering column to the left front seat cushion.



66. Overhead view of the driver's seat back rest and instrument panel. The engine intake manifold is visible in the center of the photograph and is identified by the "3.1 Multi Port" lettering.



67. Overhead view of the front seat area.



68. Closer view overhead view of the driver's seat.



69. Closer view of the right front instrument panel.



70. Close-up view of the contact evidence on the right side instrument panel.



71. Close-up view of contact evidence on the right side instrument panel.



72. View of the right front passenger's blue and white blanket wedged along the leading edge of the right front seat.



73. View of the contact evidence and rescue efforts on the right front lap and shoulder belt.



74. Overhead view of the right front door panel showing bodily fluid transfer from the right rear occupant.



75. View of the left rear seat area showing the belts cut by rescue.



76. View of the driver seat head rest.



77. Close-up view of contact evidence on the left rear shoulder belt.



78. Lateral view of the rear seat looking from the left side of the vehicle.



79. View of the right rear seat and rear surface of the right front seat back rest.



80. View of the rear surface of the front seat back rest.

81. Overhead view of the right rear seat and right front seat back rest.



82. Close-up view of contact evidence on the inside surface of the right upper B-pillar.



83. Lateral view of the rear seat looking from the right side of the vehicle.



84. View of the Century 300 convertible child safety seat



85. Close-up view of the occupant side of the armrest/shield showing contact evidence.



86. View of the child safety seat with the armrest/shield rotated upward and the harness attached at the buckle.

87. Angular view of the left side of the child safety seat.



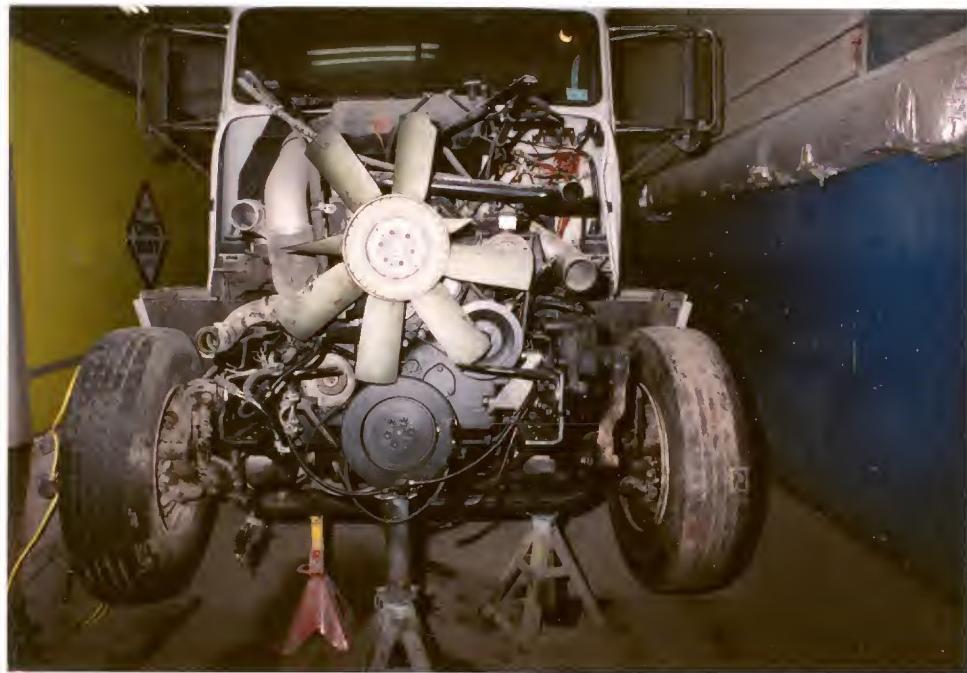
88. Angular of the left rear side of the child safety seat.

89. View of the rear of the child safety seat.



90. View of the right side of the child safety seat.

91. Right front view of the child safety seat.



92. Frontal view of Vehicle #2 (1994 Freightliner truck-tractor) as seen during repair activities.



93. View of the grille area.



94. View of the front bumper.



95. View of the inside surface of the radiator.



96. View of the hood.



97. View of the left front corner.



98. Close-up view of the left front tire highlighting a gouge in the outer edge of the tread resulting from contact with Vehicle #1's right front door reinforcement beam (refer to photograph # 53 on page A-27).



99. Lateral view of the left front side plane.



100. View of the left rear corner.



101. View of the right rear corner.



102. Lateral view of the right front side plane.



103. View of the right front corner.



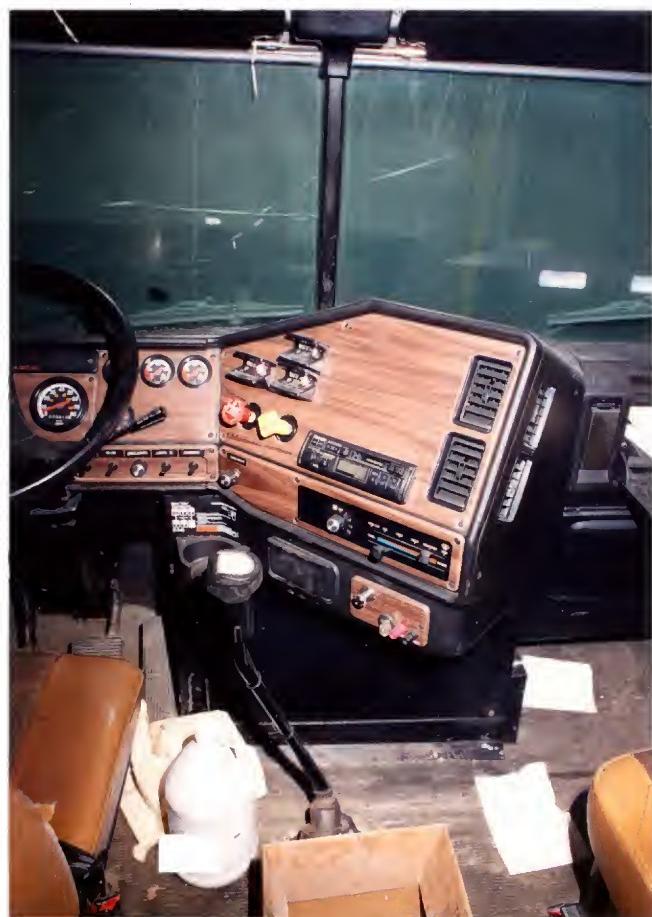
104. Lateral view of Vehicle #2's interior as seen from the left side of the vehicle.

105. View of the left instrument panel.



106. Angular view of the left instrument panel.

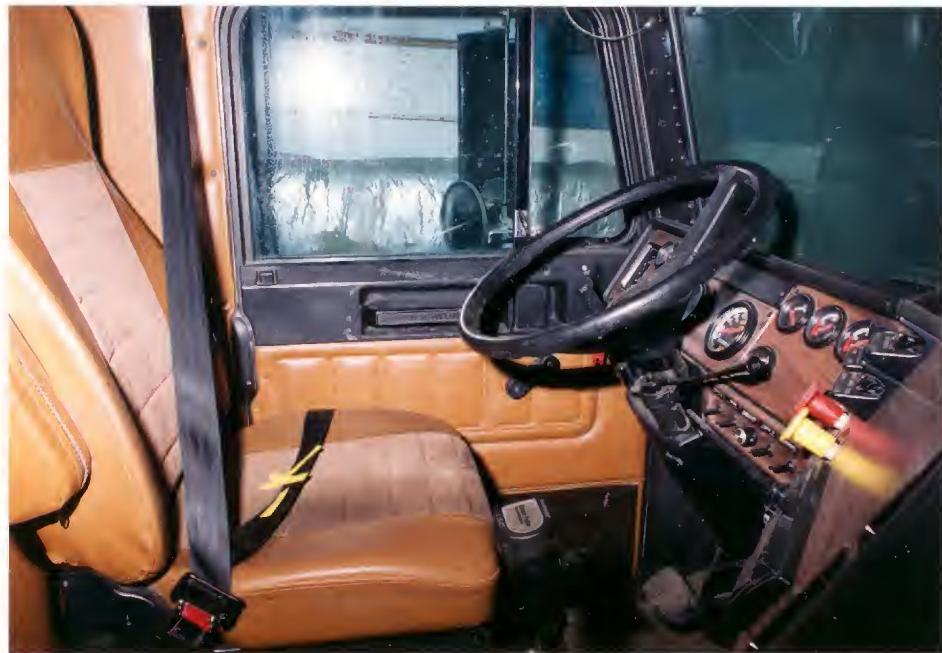
107. View of the center instrument panel.



108. View of the right instrument panel.



109. Angular view of the left instrument panel.



110. Lateral view of the left front seat area.

"GRAPHIC"
PHOTOGRAPHS and IMAGES

**Several vivid photographs have been removed for this case.
These photographs contain highly graphic material
which may be improper for the general audience.**

Photographs #111-113 (pages A-56, A-57)

**If you would like a copy of these photographs and/or images
please call or write to:**

**Marjorie Saccoccio at (617) 494-2640
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 Broadway
Cambridge, MA 02142**

Drop
all
expenses
to these
photos
so take
them out.

CAUTION!

PHOTOGRAPHS #111 - #113 ON PAGES A-56, A-57

**CONTAIN GRAPHIC ON-SCENE VIEWS OF THE
DRIVER, RIGHT FRONT AND RIGHT REAR**

PASSENGERS

Appendix B

SMASH Speed Reconstruction Program Output

Speed Change
(Damage)

Vehicle #1

Total	62 km/h (38 mph)
Longitudinal	-62 km/h (-38 mph)
Latitudinal	-0 km/h (-0 mph)
PDOF Angle	0 °
Energy Dissipated	= 227824 Joules (168012 Ft-Lb)
Barrier Equivalent Speed	= 61.9 km/h (38.5 mph)

Calculated using crush coefficients entered by the user.

Vehicle #2

Total	0 km/h (0 mph)
Longitudinal	0 km/h (0 mph)
Latitudinal	0 km/h (0 mph)
PDOF Angle	0 °
Energy Dissipated	= 0 Joules (0 Ft-Lb)
Barrier Equivalent Speed	= 0.0 km/h (0.0 mph)

Calculated using size and stiffness categories.

General Information

	Vehicle #1	Vehicle #2
Year	1993	1900
Make	Oldsmobile	
Model	Cutlass Supreme	
CDC	12FDEW7	BARRIER
Side Damaged	F	
PDOF Angle	360 °	0 °
Heading Angle	360 °	0 °

Calculation method: Vehicle's Crush Coeff. Size and Stiffness

Size Category	**	11
Stiffness Category	**	11
Vehicle Weight	**	453592 kgs (999999 lbs)
d0 crush coeff.	99.19 sqrt(N)	***** sqrt(N)
di crush coeff.	6.47 sqrt(N)/cm	***** sqrt(N)/cm

Damage Information

Page 2

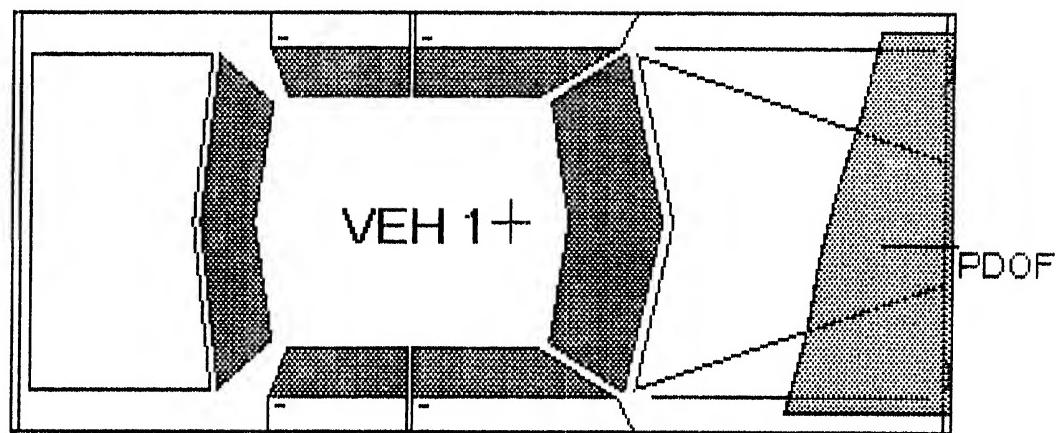
Vehicle Damage Known

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
	Yes	Yes
Crush Length	165.1 cm (65 in)	0.0 cm (0 in)
C1	39.5 cm (16 in)	0.0 cm (0 in)
C2	49.2 cm (19 in)	0.0 cm (0 in)
C3	60.9 cm (24 in)	0.0 cm (0 in)
C4	71.1 cm (28 in)	0.0 cm (0 in)
C5	78.1 cm (31 in)	0.0 cm (0 in)
C6	88.3 cm (35 in)	0.0 cm (0 in)
D	0.0 cm (0 in)	0.0 cm (0 in)
D'	10.4 cm (4 in)	0.0 cm (0 in)

Vehicle Dimensions

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Length	492.1 cm (194 in)	0.0 cm (0 in)
Width	180.4 cm (71 in)	0.0 cm (0 in)
Wheelbase	273.0 cm (107 in)	254.0 cm (100 in)
Weight	1522 kgs (3355 lbs)	453592 kgs (999999 lbs)
CG to Front of Veh	228.1 cm (90 in)	127.0 cm (50 in)
Engine Displacement	3.1 liters	0.0 liters
Moment of Inertia	332846 kgs (29461 lbs)	29375740821 kgs (2600101632 lbs)
Vehicle Mass	1522 kgs (8.7 lb-s^2/in)	453515 kgs (2600.1 lb-s^2/in)

1993 Oldsmobile Cutlass Supreme





GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum <u>9422</u></p> <p>3. Vehicle Number <u>01</u></p>	<p>11. Police Reported Alcohol Presence <u>0</u> (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown</p> <p>Note: See variables 37 through 55 (Page 4) for information on Other Drugs</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>93</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>Oldsmobile</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>Cougar Supreme</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>04</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>1G3WH54T5PD (Serial # omitted)</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nines</p>	<p>12. Alcohol Test Result For Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown</p> <p>Source: _____</p>
ACCIDENT RELATED	
<p>13. Speed Limit <u>089</u> (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown</p> <p>_____ mph X 1.6093 = _____ kph</p>	
<p>14. Attempted Avoidance Maneuver <u>01</u> (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown</p>	
<p>15. Accident Type <u>56</u> Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown</p>	
OFFICIAL RECORDS	
<p>9. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>10. Police Reported Travel Speed <u>999</u> Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>_____ mph X 1.6093 = _____ kph</p>	

****** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ******

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper

- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR \leq 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs $<$ GVWR \leq 12,000 kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

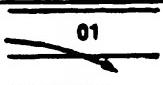
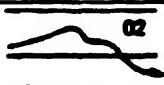
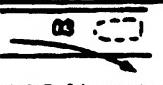
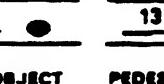
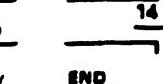
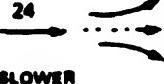
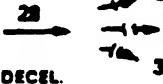
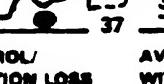
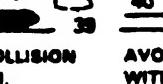
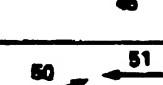
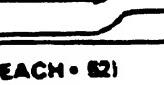
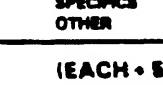
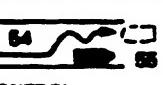
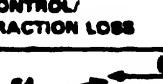
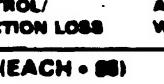
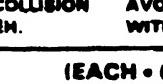
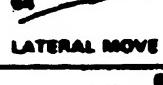
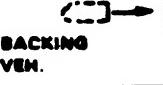
Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED	
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	1
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	05
18. Number of Occupant Forms Submitted	05
VEHICLE WEIGHT ITEMS	
19. Vehicle Curb Weight ____ Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown	1,520
____ lbs X .4536 = ____ kgs	
Source: _____	
20. Vehicle Cargo Weight ____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown	0,000
____ lbs X .4536 = ____ kgs	
RECONSTRUCTION DATA	
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	0
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	1
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): (9) Unknown	0
24. Rollover (0) No rollover (no overturning) <i>Rollover (primarily about the longitudinal axis)</i> (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): (5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown	0
 OVERRIDE/UNDERRIDE (THIS VEHICLE)	
25. Front Override/Underride (this Vehicle)	0
26. Rear Override/Underride (this Vehicle)	0
(0) No override/underride, or not an end-to-end impact	
<i>Override (see specific CDC)</i> (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):	
<i>Underride (see specific CDC)</i> (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):	
(7) Medium/heavy truck or bus override (9) Unknown	
 HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V	
Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	
27. Heading Angle For This Vehicle	070
28. Heading Angle For Other Vehicle	270

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure				04	05	SPECIFICS OTHER SPECIFICS UNKNOWN
	B Left Roadside Departure				09	10	SPECIFICS OTHER SPECIFICS UNKNOWN
	C Forward Impact				14 END DEPARTURE	15	16 SPECIFICS OTHER SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 STOPPED 21, 22, 23	 SLOWER 26, 28, 27	 DECEL. 29, 30, 31	25 26 27 28 29 30 31	(EACH • 32)	(EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
	E Forward Impact				39 40 41	(EACH • 42)(EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN	
	F Sideswipe Angle				48 SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On		51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact				59 60 61	(EACH • 62)(EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN	
	I Sideswipe Angle		65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path		67 INITIAL OPPOSITE DIRECTIONS		71 72 INITIAL SAME DIRECTIONS	73 74 75	(EACH • 74)(EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN
	K Turn Into Path		77 TURN INTO SAME DIRECTION		79 80 81 TURN INTO OPPOSITE DIRECTIONS	82 83	(EACH • 84)(EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths		88 SPECIFICS OTHER		89 SPECIFICS OTHER	(EACH • 89) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc.		93 OTHER VEH. OR OBJECT		98 99 00	Other Accident Type Unknown Accident Type No Impact	

<p>29. Basis for Total Delta V (highest) <u>4</u></p> <p><i>Delta V Calculated</i></p> <ol style="list-style-type: none"> (1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm <p><i>Delta V Not Calculated</i></p> <ol style="list-style-type: none"> (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available. 	<p>Highest</p> <p>32. Lateral Component of Delta V <u>+ - 9 9 9</u></p> <p>Nearest kph (highest)</p> <p>Nearest kph (secondary)</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown</p> <p>33. Energy Absorption <u>9 9 9, 9 0 0</u></p> <p>Nearest 100 joules (highest)</p> <p>Nearest 100 joules (secondary)</p> <p>(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown</p> <p>34. Confidence In Reconstruction Program Results (For Highest Delta V) <u>0</u></p> <ol style="list-style-type: none"> (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable
<p>COMPUTER GENERATED DELTA V</p> <p>30. Total Delta V <u>9 9 9</u></p> <p>Nearest kph (highest)</p> <p>Nearest kph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>31. Longitudinal Component of Delta V <u>+ - 9 9 9</u></p> <p>Nearest kph (highest)</p> <p>Nearest kph (secondary)</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown</p>	<p>Highest</p> <p>35. Type of Vehicle Inspection <u>1</u></p> <ol style="list-style-type: none"> (0) No inspection (1) Complete inspection (2) Partial inspection (specify): _____ <p>36. Is this an AOPS Vehicle? <u>0</u></p> <ol style="list-style-type: none"> (0) No (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence 0
- (0) No other drug(s) present
 - (1) Yes [other drug(s) present]
 - (7) Not reported
 - (8) No driver present
 - (9) Unknown

38. Police Reported Drug Evaluation Classification 0
- (DEC) Test For Driver
- (0) No DEC process available or given
 - (1) DEC process given, results known
 - (2) DEC process given, results unknown
 - (3) DEC process available, unknown if given
 - (8) No driver present

39. Other Drug Specimen Test Type For Driver 0
- (0) No specimen test given
 - (1) Blood test
 - (2) Urine test
 - (3) Other specimen tests (specify):

 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u> </u>	43. <u> </u>
Stimulant Drug	44. <u> </u>	45. <u> </u>
Hallucinogen Drug	46. <u> </u>	47. <u> </u>
Cannabinoid Drug	48. <u> </u>	49. <u> </u>
Phencyclidine (PCP)	50. <u> </u>	51. <u> </u>
Inhalant Drug	52. <u> </u>	53. <u> </u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u> </u>	55. <u> </u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA**56. Driver's Zip Code**

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 _____ Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):

 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):

 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:

 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted07**62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**0

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):

 (8) Non-contact rollover forces (specify):

 (9) Unknown

63. Direction of Initial Roll0

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**01

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):

 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event /D*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver /

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of /
Avoidance Maneuver (Corrective Action)

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u> </u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>94-22</u>		

VEHICLE IDENTIFICATION

VIN 1G3W454T5P D (Serial # omitted) Model Year 93

Vehicle Make (specify): Oldsmobile Vehicle Model (specify): Coupe S

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	Entire frontal Plate	Entire Frontal Plate

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

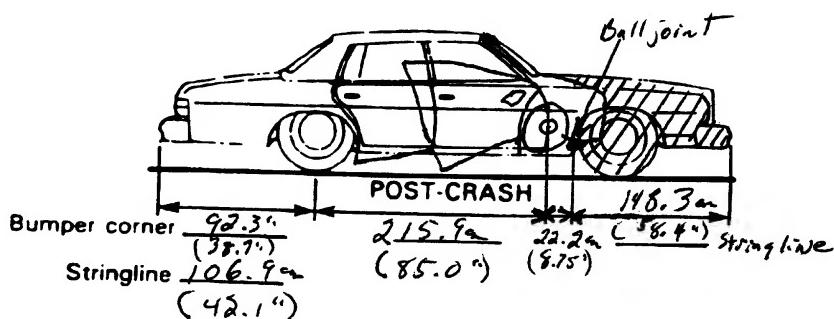
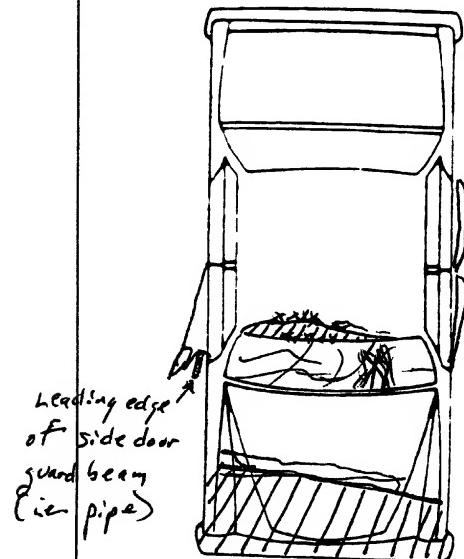
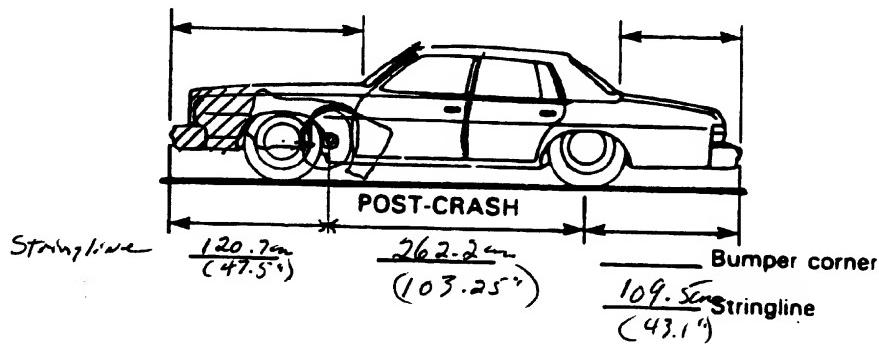
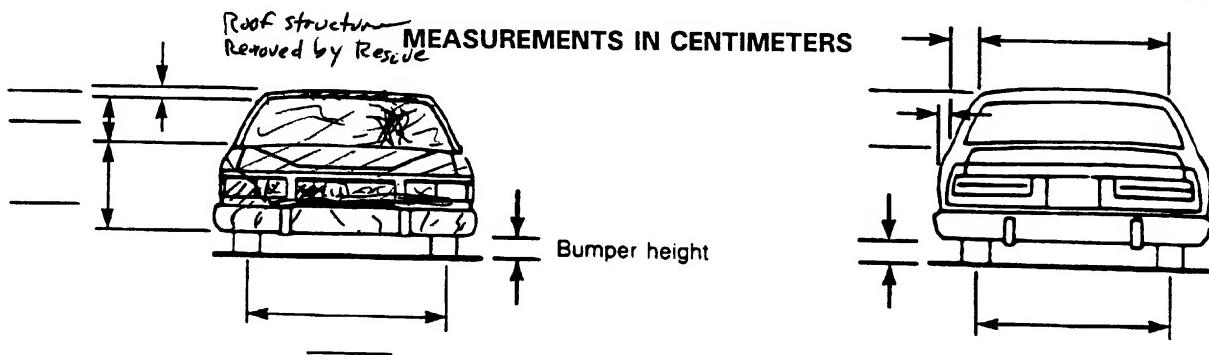
Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)
a. Rotation physically restricted	b. Tire deflated	Wheelbase <u>(107.5") 273.1 cm</u> Overall Length <u>(193.7") 492.2 cm</u> Maximum Width <u>(71.0") 180.3 cm</u> Curb Weight <u>(3,354 lb) 1,521.4 kg</u> Average Track <u>(58.25") 149.2 cm</u> Front Overhang <u>(43.1") 109.5 cm</u> Rear Overhang <u>(43.1") 109.5 cm</u> Undeformed End Width <u>(65.0") 165.1 cm</u> Engine Size: cyl./displ. <u>3.1 L</u>	RF <u>Q</u> <u>0 5°</u> ° LF <u>±</u> <u>0 3°</u> ° RR <u>±</u> <u>0 2°</u> ° LR <u>±</u> <u>0 0°</u> ° Within ± 5 degrees
(1) Yes (2) No (8) NA (9) Unk.		<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Approximate Cargo Weight <u>(50 lbs)</u> kg	



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>0</u> <u>1</u>	5. <u>0</u> <u>2</u>	6. <u>1</u> <u>2</u>	7. <u>F</u>	8. <u>D</u>	9. <u>A</u>	10. <u>A</u>	11. <u>0</u> <u>7</u>

Second Highest Delta "V"

12. ____ 13. ____ 14. ____ 15. ____ 16. ____ 17. ____ 18. ____ 19. ____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>165</u>	<u>040</u>	<u>049</u>	<u>061</u>	<u>071</u>	<u>078</u>	<u>088</u>	<u>+000</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
-----	-----	-----	-----	-----	-----	-----	<u>+/-</u>

26. Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes <u>0</u>	27. Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown <u>+</u>	28. Original Wheelbase Code to the nearest centimeter (999) Unknown <u>273</u>
----- . ----- inches X 2.54 = ----- centimeters		

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

(Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

30. Fire Occurrence
 (0) No fire

Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown

31. Origin of Fire
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify):
 (9) Unknown

32. Type of Fuel Tank-1

33. Type of Fuel Tank-2
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown

34. Fuel Tank-1 Location

- 4
- (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify):
 (9) Unknown

36. Fuel Tank-1 Filler Cap Location

- 2
37. Fuel Tank-2 Filler Cap Location
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify):
 (9) Unknown

38. Fuel Tank-1 Damage

- 1
39. Fuel Tank-2 Damage
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify):
 (9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum 94-22
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 98
- (00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify): 0102, 06
- (99) Unknown _____

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 3 8. RR 3 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify): _____
- (9) Unknown _____

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify): _____
- (9) Unknown _____

GLAZING

Glazing Damage from Impact Forces

15. WS 3 16. LF 6 17. RF 6 18. LR 9 19. RR 9
20. BL 9 21. Roof 8 22. Other 8

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 3 24. LF 0 25. RF 6 26. LR 9 27. RR E
28. BL 9 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 – Laminated
- (2) AS-2 – Tempered
- (3) AS-3 – Tempered-tinted
- (4) AS-14 – Glass/Plastic
- (8) Other (specify): _____
- (9) Unknown _____

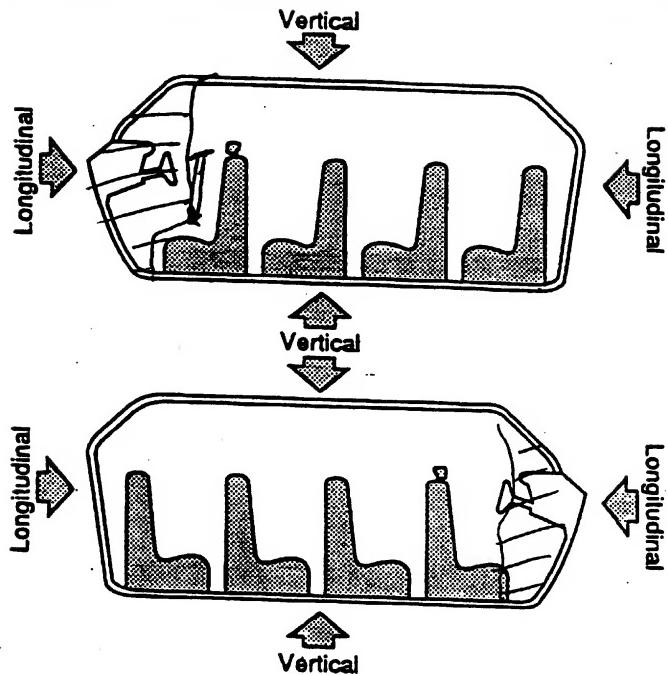
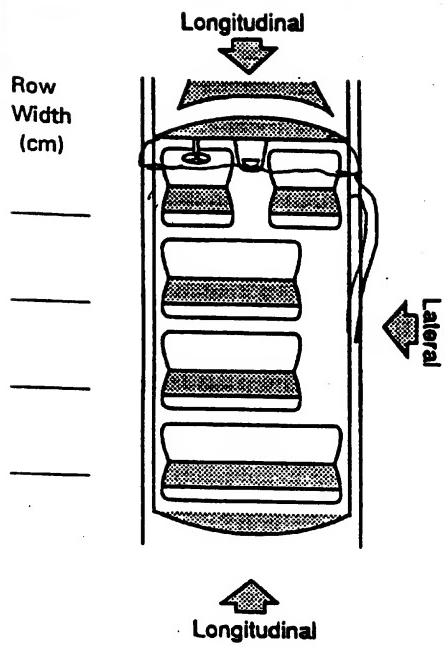
Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 2 43. RR 2
44. BL 1 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	—	INTRUDED VALUE	=	
		—	—	—	=	
		—	—	—	=	
		—	—	—	=	
		—	—	—	=	
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		—	—	—	=	
		—	—	—	=	
		—	—	—	=	
		—	—	—	=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>92</u>	48. <u>91</u>	49. <u>7</u>	50. <u>7</u>
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

(97) Catastrophic

- (98) Other enclosed
area (specify)

Third Seat

- (31) Left
(32) Middle
(33) Right

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
(28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify):
(32) Other exterior object in the environment
(specify):
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s)
(specify):
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) \geq 3 centimeters but < 8 centimeters
(2) \geq 8 centimeters but < 15 centimeters
(3) \geq 15 centimeters but < 30 centimeters
(4) \geq 30 centimeters but < 46 centimeters
(5) \geq 46 centimeters but < 61 centimeters
(6) \geq 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

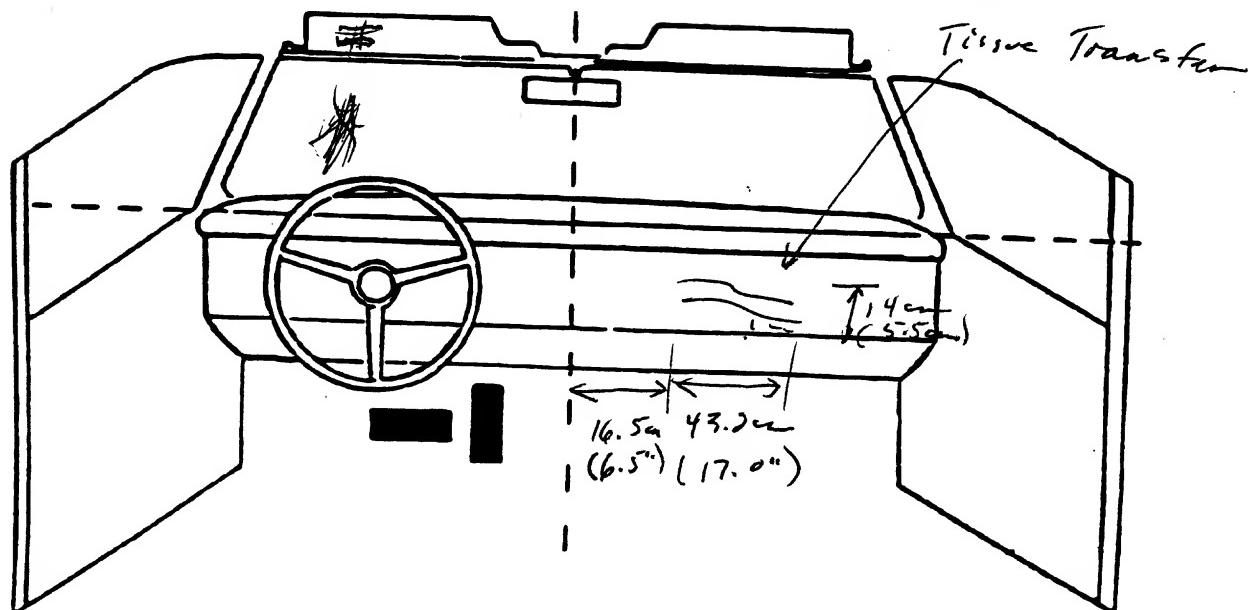
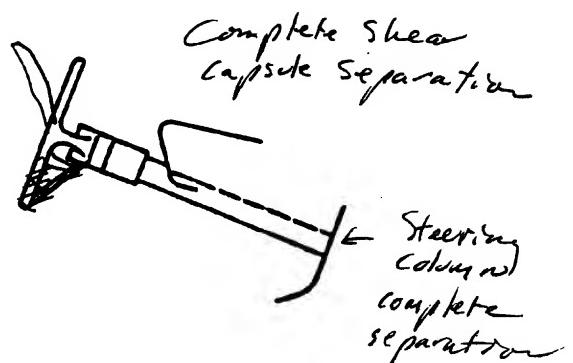
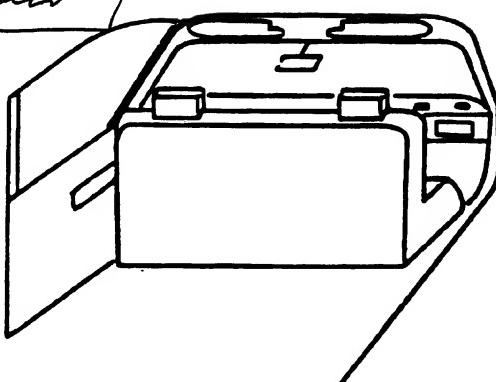
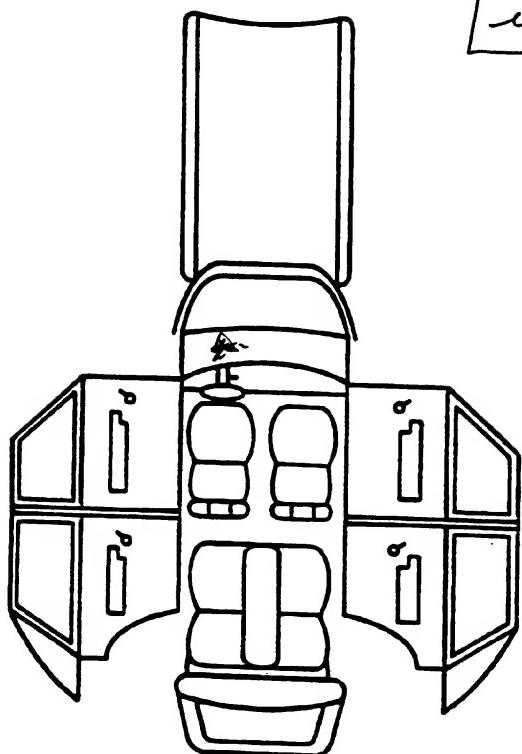
(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

—	—	—	=	
—	—	—	=	
—	—	—	=	
—	—	—	=	

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

(23) Left B-pillar

(24) Other left pillar (specify): _____

(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

(27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

(30) Right side interior surface, excluding hardware or armrests

(31) Right side hardware or armrest

(32) Right A (A1/A2)-pillar

(33) Right B-pillar

(34) Other right pillar (specify): _____

(35) Right side window glass or frame

(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

(37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

(40) Seat, back support

(41) Belt restraint webbing/buckle

(42) Belt restraint B-pillar attachment point

(43) Other restraint system component (specify): _____

(44) Head restraint system

(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

(46) Other occupants (specify): _____

(47) Interior loose objects

(48) Child safety seat (specify): _____

(49) Other interior object (specify): _____

ROOF

(50) Front header

(51) Rear header

(52) Roof left side rail

(53) Roof right side rail

(54) Roof or convertible top

FLOOR

(56) Floor (including toe pan)

(57) Floor or console mounted transmission lever, including console

(58) Parking brake handle

(59) Foot controls including parking brake

REAR

(60) Backlight (rear window)

(61) Backlight storage rack, door, etc.

(62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

(1) Certain

(2) Probable

(3) Possible

(9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F	Availability/Function	0	0
I	Deployment	/	/
R	Failure	/	/

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F	Availability/Function	2	2
I	Use	2	1
R	Type	1	1
S	Proper Use	1	2
T	Failure Modes	0	1

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system
(specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability		3	
	Evidence of usage		00	
	Used in this crash?			
	Proper Use			
	Failure Modes			
S E C O N D	Availability	04	03	04
	Evidence of usage	04	03	04
	Used in this crash?	04	03	00
	Proper Use	4	1	07
	Failure Modes	1	1	0
O T H E R	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt _____
- (03) Lap belt _____
- (04) Lap and shoulder belt _____
- (05) Belt used - type unknown _____
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat _____
- (13) Lap belt used with child safety seat _____
- (14) Lap and shoulder belt used with child safety seat _____
- (15) Belt used with child safety seat - type unknown _____
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used _____

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	02						
1. Type of Child Safety Seat	3						
2. Child Safety Seat Orientation	12						
3. Child Safety Seat Harness Usage	12						
4. Child Safety Seat Shield Usage	12						
5. Child Safety Seat Tether Usage	03						
6. Child Safety Seat Make/Model	<i>Century Safety Car Seat</i> Specify Below for Each Child Safety Seat						
1. Type of Child Safety Seat	<i>Code 203</i>		3. Child Safety Seat Harness Usage 4. Child Safety Seat Shield Usage 5. Child Safety Seat Tether Usage <small>Note: Options Below Are Used for Variables 3-5.</small>				
(0) No child safety seat						(00) No child safety seat	
(1) Infant seat						Not Designed with Harness/Shield/Tether	
(2) Toddler seat						(01) After market harness/shield/tether added, not used	
(3) Convertible seat						(02) After market harness/shield/tether used	
(4) Booster seat						(03) Child safety seat used, but no after market harness/shield/tether added	
(7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used						(09) Unknown if harness/shield/tether added or used	
2. Child Safety Seat Orientation						Designed With Harness/Shield/Tether	
(00) No child safety seat						(11) Harness/shield/tether not used	
Designed for Rear Facing for This Age/Weight						(12) Harness/shield/tether used	
(01) Rear facing						(19) Unknown if harness/shield/tether used	
(02) Forward facing							
(08) Other orientation (specify): (09) Unknown orientation							
Designed for Forward Facing for This Age/Weight						Unknown If Designed With Harness/Shield/Tether	
(11) Rear facing						(21) Harness/shield/tether not used	
(12) Forward facing						(22) Harness/shield/tether used	
(18) Other orientation (specify): (19) Unknown orientation						(29) Unknown if harness/shield/tether used	
Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight							
(21) Rear facing							
(22) Forward facing							
(28) Other orientation (specify): (29) Unknown orientation							
(99) Unknown if child safety seat used							

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	4	0	4
	Seat Type	66	06	06
	Seat Performance	7(6&5)	7(5&6)	7(5&6)
	Seat Orientation	1	1	1
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	6	6	6
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type	/	/	/
	Seat Performance		/	
	Seat Orientation			/
O T H E R	Head Restraint Type/Damage			
	Seat Type		/	
	Seat Performance		/	
	Seat Orientation			/

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify:

- (9) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:

- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

- (7) Combination of above (specify):

- (8) Other (specify):

- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes [✓]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number	05					
Ejection	2					
(Note on Vehicle Interior Sketch) Ejection Area	3					
Ejection Medium	4					
Medium Status	2					

Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown
Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown

ENTRAPMENT No [] Yes [✓]

Describe entrapment mechanism:

*Driver, R F occupant, RR occupant restrained by
the instrument panel & @ door panel.*

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

 inches X 2.54 = centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

 pounds X .4536 = kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form**EJECTION/ENTRAPMENT****12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

*Instrument panel pried off
driver*

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
 (1) No _____
 (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 4

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 0 6

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 7

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

- (7) Combination of above (specify): 5 6 6

- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 000

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00 32. Child Safety Seat Shield Usage 00 33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost

- 62
- _____
Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

- 01
- _____
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 14**41. 2nd Medically Reported Cause of Death** 15**42. 3rd Medically Reported Cause of Death** 16

- _____
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant

- 26
- _____
Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/**

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
 Vehicle inspection
 Official injury data
 Driver/occupant interview
 Other (specify): Policeman-some photos
 Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

**STOP - VARIABLES 59 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 0 1

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 1

- (1) No - blood not given
- (2) Yes - blood given
(specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 0 1

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

3. Vehicle Number 01

2. Case Number - Stratum 94-22

4. Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

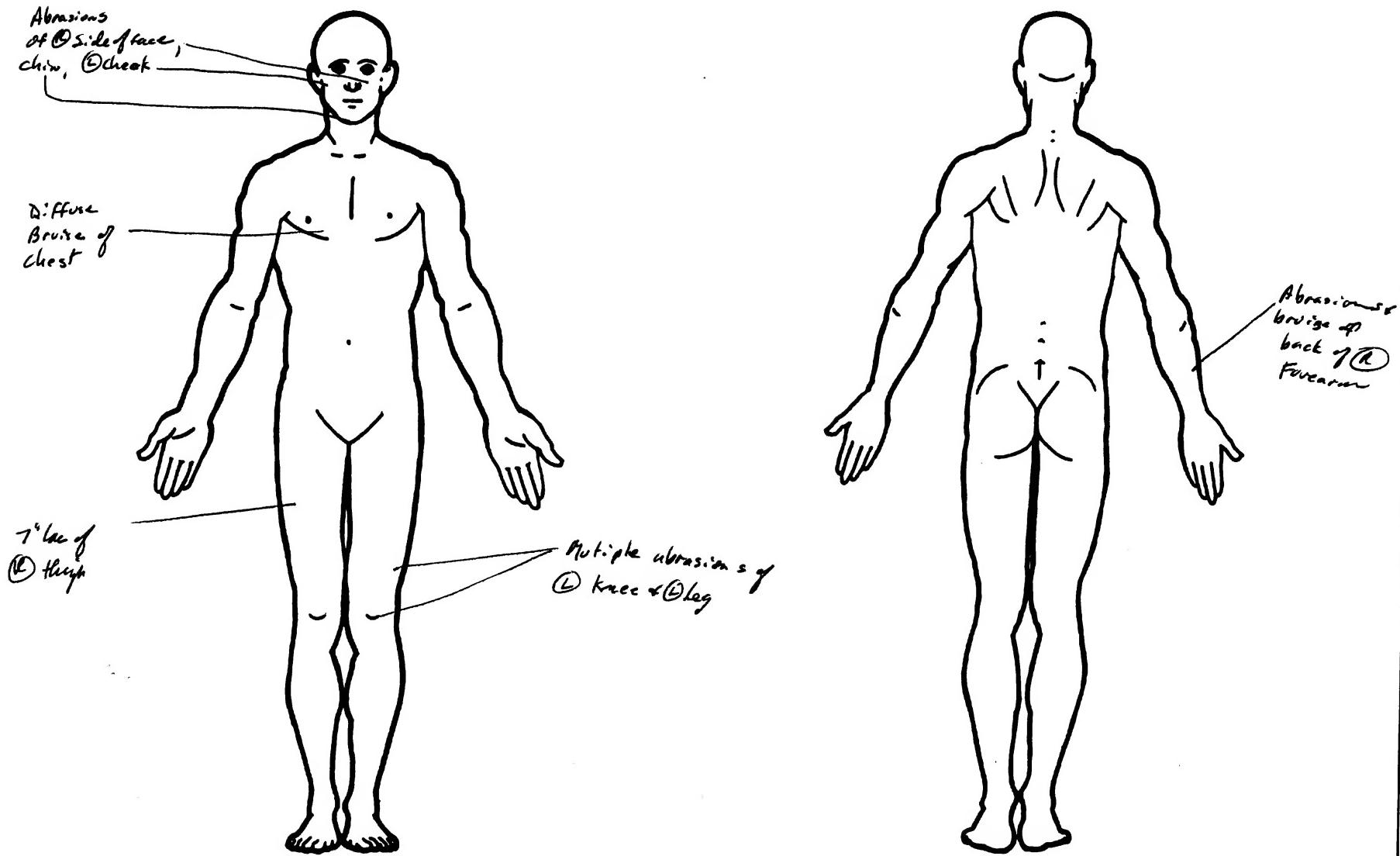
Source of Injury Data	A.I.S. - 90					Injury Source Confidence Level	Occupant Area	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity			
Abreaction of face 1st	5. <u>1</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>01</u>
Abreaction of chest 2nd	13. <u>1</u>	14. <u>2</u>	15. <u>9</u>	16. <u>02</u>	17. <u>02</u>	18. <u>1</u>	19. <u>8</u>	20. <u>01</u>
Abreaction of chest 3rd	21. <u>1</u>	22. <u>2</u>	23. <u>9</u>	24. <u>02</u>	25. <u>02</u>	26. <u>1</u>	27. <u>1</u>	28. <u>3</u>
Cont. of chest 4th	29. <u>1</u>	30. <u>2</u>	31. <u>9</u>	32. <u>02</u>	33. <u>1</u>	34. <u>2</u>	35. <u>1</u>	36. <u>1</u>
Abreaction of R hand/arm 5th	37. <u>1</u>	38. <u>4</u>	39. <u>9</u>	40. <u>04</u>	41. <u>02</u>	42. <u>1</u>	43. <u>2</u>	44. <u>6</u>
Confusion of R hand/arm 6th	45. <u>1</u>	46. <u>7</u>	47. <u>9</u>	48. <u>04</u>	49. <u>02</u>	50. <u>1</u>	51. <u>9</u>	52. <u>02</u>
Lac of R leg 7th	53. <u>1</u>	54. <u>7</u>	55. <u>9</u>	56. <u>02</u>	57. <u>1</u>	58. <u>1</u>	59. <u>1</u>	60. <u>97</u>
Abreaction of L leg 8th	61. <u>1</u>	62. <u>7</u>	63. <u>9</u>	64. <u>04</u>	65. <u>02</u>	66. <u>1</u>	67. <u>9</u>	68. <u>1</u>
Lac of R arm 9th	69. <u>1</u>	70. <u>8</u>	71. <u>9</u>	72. <u>06</u>	73. <u>02</u>	74. <u>1</u>	75. <u>9</u>	76. <u>1</u>
Abreaction of L arm 10th	77. <u>1</u>	78. <u>7</u>	79. <u>9</u>	80. <u>06</u>	81. <u>02</u>	82. <u>1</u>	83. <u>9</u>	84. <u>02</u>
Fracture of R arm 11th	85. <u>1</u>	86. <u>8</u>	87. <u>9</u>	88. <u>02</u>	89. <u>02</u>	90. <u>1</u>	91. <u>9</u>	92. <u>09</u>
Fracture of L arm 12th	93. <u>1</u>	94. <u>8</u>	95. <u>5</u>	96. <u>18</u>	97. <u>08</u>	98. <u>3</u>	99. <u>1</u>	100. <u>09</u>
Fracture of R leg 13th	101. <u>1</u>	102. <u>8</u>	103. <u>5</u>	104. <u>34</u>	105. <u>04</u>	106. <u>1</u>	107. <u>9</u>	108. <u>1</u>
Fracture of L leg 14th	109. <u>2</u>	110. <u>1</u>	111. <u>9</u>	112. <u>1</u>	113. <u>1</u>	114. <u>9</u>	115. <u>7</u>	116. <u>97</u>

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect			
fr ① fibula 11th	1	8	5	34	04	2	1	56	1 1 97
fr ① fibula 12th	1	8	5	16	05	2	1	09	1 1 97
fr ① fibula 13th	1	8	5	16	05	2	1	56	1 1 97
Thoracic area lac 14th	1	4	2	02	10	5	4	06	1 1 97
loc of heat 15th	1	4	4	10	12	5	4	06	1 1 97
fr ① bilateral knee 16th	1	4	5	02	42	5	3	06	1 1 97
cont bilateral leg 17th	1	4	4	14	10	4	3	06	1 1 97
loc of pain 18th	1	5	4	18	26	4	1	06	1 1 97
out of Splan 19th	1	5	4	42	26	4	2	06	1 1 97
loc of injury 20th	1	5	4	16	20	2	2	06	1 1 97
out of shoulder small 21st	1	5	4	14	10	2	8	06	1 1 97
out of long ext 22nd	1	5	4	08	10	2	8	06	1 1 97
fr ① axillary 23rd	1	2	5	08	00	2	9	03	2 1 97
Subdural hem 24th	1	1	4	06	52	4	9	03	2 1 97
fr ① temporal bone 25th	1	1	5	94	00	2	2	03	2 1 97
fr ① shoulder 26th	1	1	5	02	00	3	8	03	2 1 97

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA			
OFFICIAL			
(1) Autopsy records with or without hospital/medical records			
(2) Hospital/medical records other than emergency room (e.g., discharge summary)			
(3) Emergency room records only (including associated X-rays or other lab reports)			
(4) Private physician, walk-in or emergency clinic			
UNOFFICIAL			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify): _____			
(9) Police			
INJURY SOURCE			
FRONT			
(01) Windshield			
(02) Mirror			
(03) Sunvisor			
(04) Steering wheel rim			
(05) Steering wheel hub/spoke			
(06) Steering wheel (combination of codes 04 and 05)			
(07) Steering column, transmission selector lever, other attachment			
(08) Add on equipment (e.g., CB, tape deck, air conditioner)			
(09) Left instrument panel and below			
(10) Center instrument panel and below			
(11) Right instrument panel and below			
(12) Glove compartment door			
(13) Knee bolster			
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)			
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)			
(16) Driver side air bag compartment cover			
(17) Passenger side air bag compartment cover			
(18) Windshield reinforced by exterior object (specify): _____			
(19) Other front object (specify): _____			
LEFT SIDE			
(20) Left side interior surface, excluding hardware or armrests			
(21) Left side hardware or armrest			
(22) Left A (A1/A2)-pillar			
(23) Left B-pillar			
(24) Other left pillar (specify): _____			
RIGHT SIDE			
(25) Left side window glass or frame			
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.			
(27) Other left side object (specify): _____			
(28) Left side window sill			
ROOF			
(29) Left side window glass or frame			
(30) Right side interior surface, excluding hardware or armrests			
(31) Right side hardware or armrest			
(32) Right A (A1/A2)-pillar			
(33) Right B-pillar			
(34) Other right pillar (specify): _____			
(35) Right side window glass or frame			
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.			
(37) Other right side object (specify): _____			
(38) Right side window sill			
INTERIOR			
(39) Seat, back support			
(40) Belt restraint webbing/buckle			
(41) Belt restraint B-pillar or door frame attachment point			
(42) Other restraint system component (specify): _____			
(43) Head restraint system			
(44) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)			
(45) Other occupants (specify): _____			
(46) Interior loose objects			
(47) Child safety seat (specify): _____			
(48) Other interior object (specify): _____			
FLOOR			
(49) Floor (including toe pan)			
(50) Floor or console mounted transmission lever, including console			
(51) Parking brake handle			
(52) Foot controls including parking brake			
REAR			
(53) Roof left side rail			
(54) Roof right side rail			
(55) Roof or convertible top			
(56) Backlight (rear window)			
EXTERIOR OF OCCUPANT'S VEHICLE			
(57) Hood			
(58) Outside hardware (e.g., outside mirror, antenna)			
(59) Other exterior surface or tires (specify): _____			
(60) Unknown exterior objects			
EXTERIOR OF OTHER MOTOR VEHICLE			
(61) Front bumper			
(62) Hood edge			
(63) Other front of vehicle (specify): _____			
HOOD			
(64) Hood ornament			
(65) Windshield, roof rail, A-pillar			
(66) Side surface			
(67) Side mirrors			
(68) Other side protrusions (specify): _____			
Rear Surface			
(69) Undercarriage			
(70) Tires and wheels			
(71) Other exterior of other motor vehicle (specify): _____			
(72) Unknown exterior of other motor vehicle			
OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT			
(73) Ground			
(74) Other vehicle or object (specify): _____			
(75) Unknown vehicle or object			
NONCONTACT INJURY			
(76) Fire in vehicle			
(77) Flying glass			
(78) Other noncontact injury source (specify): _____			
(79) Air bag exhaust gases			
(80) Injured, unknown source			
INJURY SOURCE CONFIDENCE LEVEL			
(81) Certain			
(82) Probable			
(83) Possible			
(84) Unknown			
DIRECT/INDIRECT INJURY			
(85) Direct contact injury			
(86) Indirect contact injury			
(87) Noncontact injury			
(88) Injured, unknown source			
OCCUPANT INJURY CLASSIFICATION			
Body Region	Specific Anatomic Structure	Spine	Abbreviated Injury Scale
(1) Head	Whole Area	(02) Cervical	(1) Minor injury
(2) Face	(02) Skin - Abrasion	(04) Thoracic	(2) Moderate injury
(3) Neck	(04) Skin - Contusion	(06) Lumbar	(3) Serious injury
(4) Thorax	(06) Skin - Laceration	Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02	(4) Severe injury
(5) Abdomen	(08) Skin - Avulsion		(5) Critical injury
(6) Spine	(10) Amputation		(6) Maximum (untreatable)
(7) Upper Extremity	(20) Burn		(7) Injured, unknown severity
(8) Lower Extremity	(30) Crush		
(9) Unspecified	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
Type of Anatomic Structure		Level of Injury	Aspect
(1) Whole Area	Head - LOC	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Vessels	(02) Length of LOC	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(2) Left
(3) Nerves	(04, 06, 08) Level of Consciousness		(3) Bilateral
(4) Organs (includes muscles/ligaments)	(10) Concussion		(4) Central
(5) Skeletal (includes joints)			(5) Anterior
(6) Head - LOC			(6) Posterior
(9) Skin			(7) Superior
			(8) Inferior
			(9) Unknown
			(0) Whole region

OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

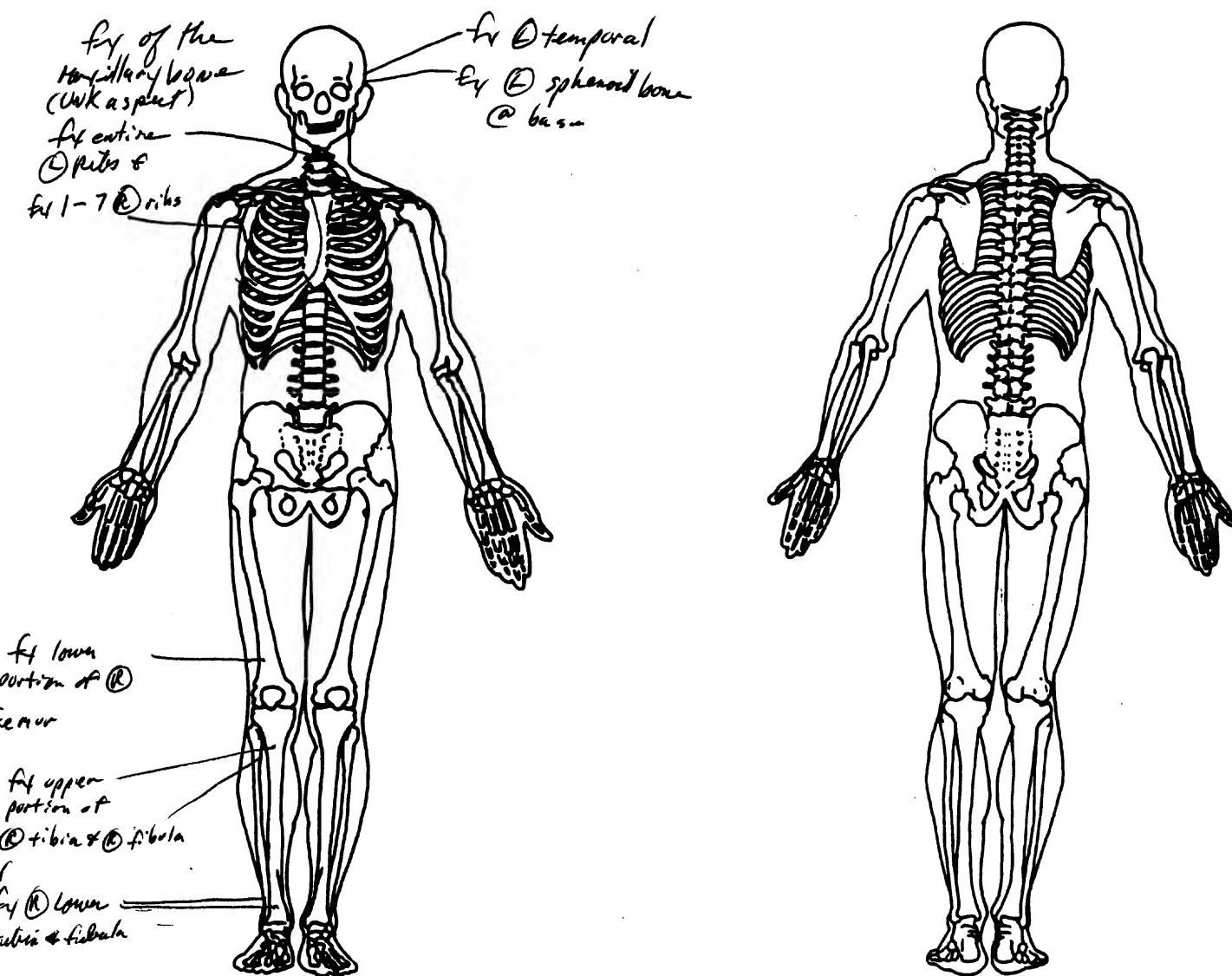
GCSS = _____

Units of Blood Given

Units = _____

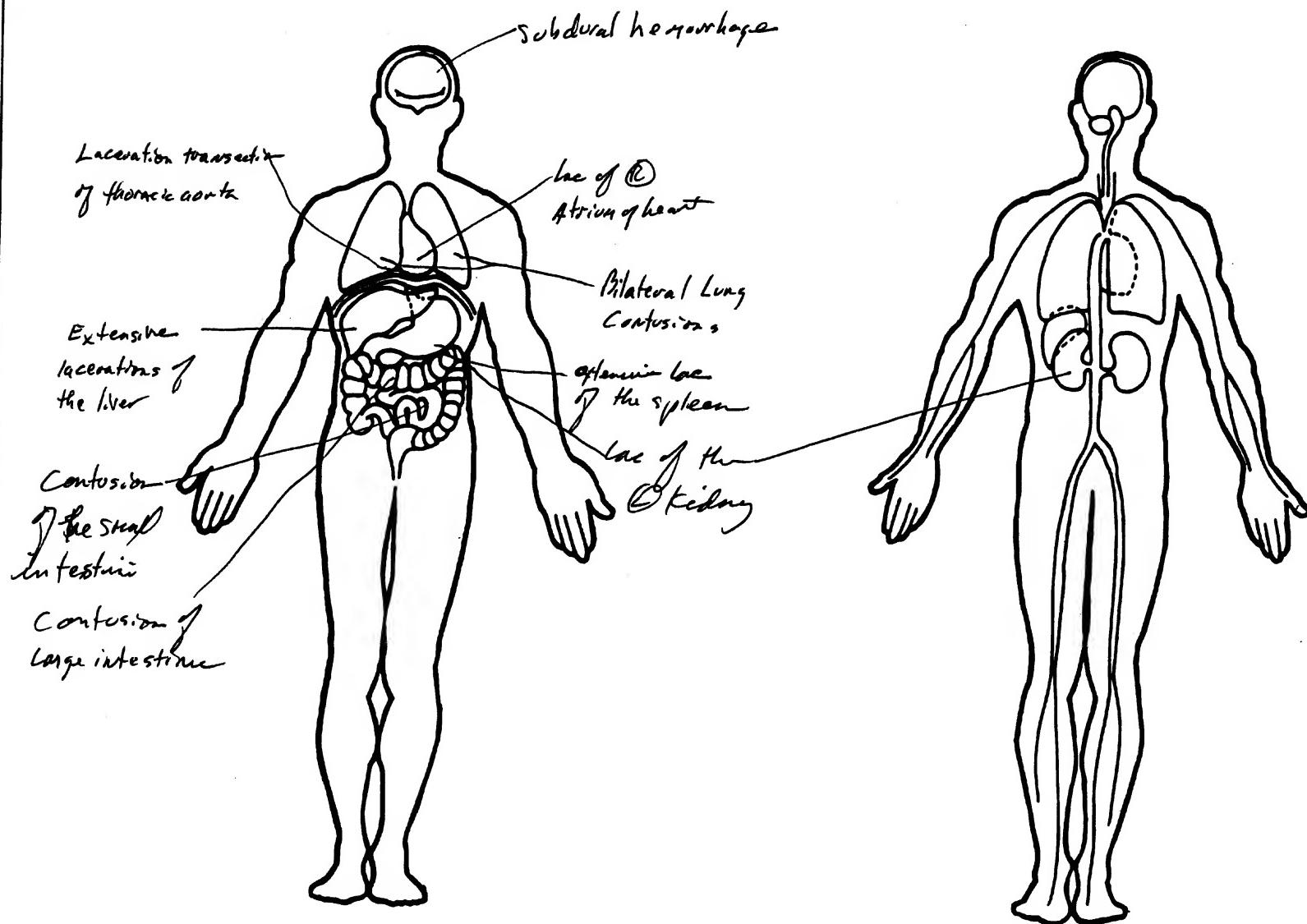
Arterial Blood Gases

pH = ____.

PO₂ = ____PCO₂ = ____HCO₃ = ____

OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

9 4-22

3. Vehicle Number

01

4. Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

01

Code actual age at time of accident.

(00) Less than one year old (specify by month):

7 months

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

066

Code actual height to the nearest centimeter.

(999) Unknown

— — — inches X 2.54 = — — — centimeters

8. Occupant's Weight

008

Code actual weight to the nearest kilogram.

(999) Unknown

— — — pounds X .4536 = — — — kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure
- (8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

*Right instrument panel
against occupant / & child
Safety seat*

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown
 (9) Police indicated "unknown"

0

0

0

6

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

4

26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

0 4

27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): Floor / Right front door,
instrument panel
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

6

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model _____

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 3

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 12

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 1 232. Child Safety Seat Shield Usage 1 233. Child Safety Seat Tether Usage 0 3Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment - Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

 (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

 (9) Unknown

37. Hospital Stay

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

38. Working Days Lost

- 4 _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

97**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

01**40. 1st Medically Reported Cause of Death**01**41. 2nd Medically Reported Cause of Death**02**42. 3rd Medically Reported Cause of Death**03

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant11

- _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

Not equipped/not available/destroyed or rendered inoperative

Vehicle inspection

Official injury data

Driver/occupant interview

Other (specify): *Police - on - scene photos*

Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 0 1
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) – HCO₃ 0 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported , HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number
2. Case Number - Stratum 94-22

3. Vehicle Number

4. Occupant Number 02

INJURY DATA

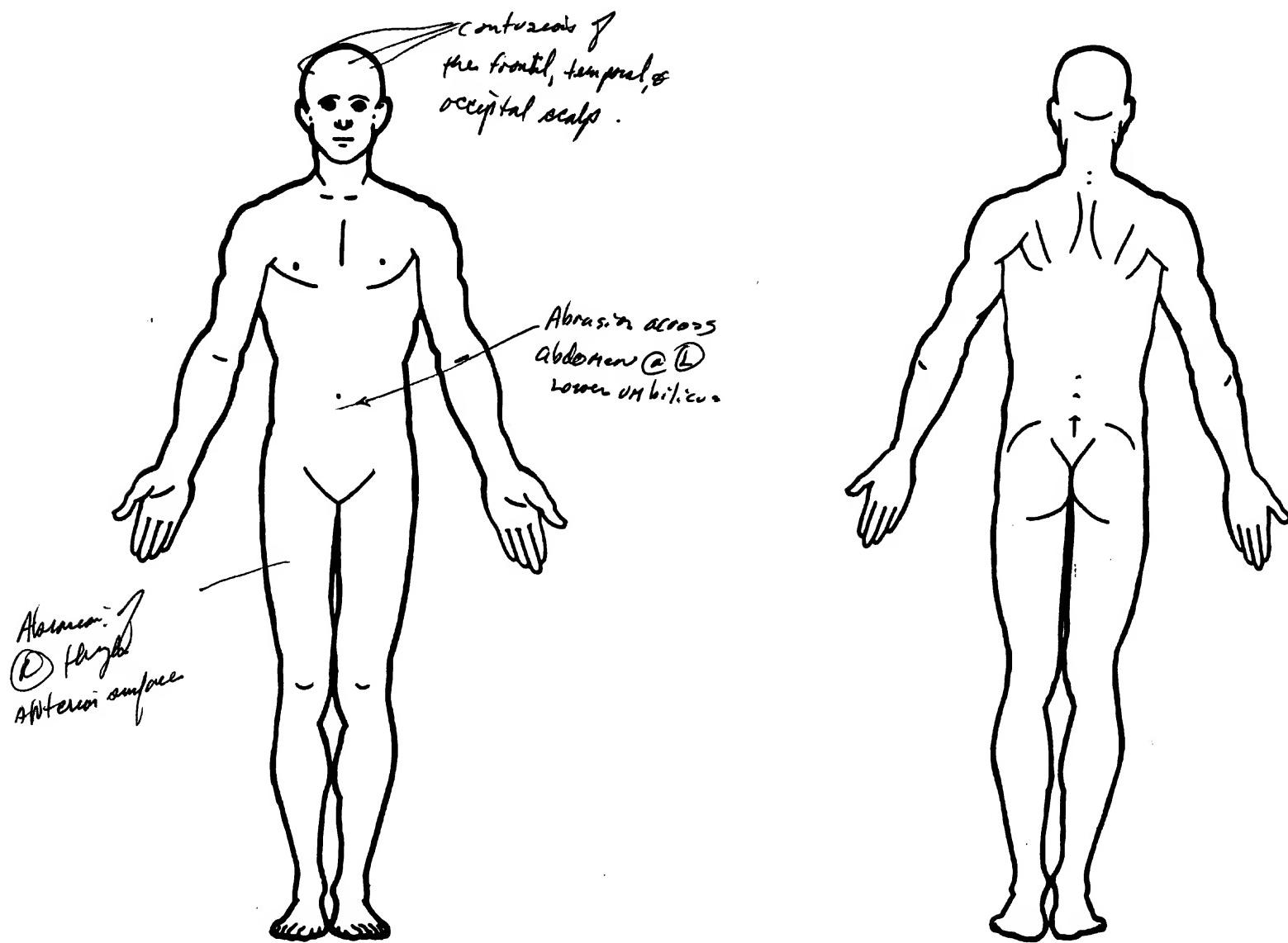
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect		
Fracture 1st Skull	5. <u>1</u>	6. <u>1</u>	7. <u>5</u>	8. <u>04</u>	9. <u>06</u>	10. <u>4</u>	11. <u>5</u>	12. <u>11</u>
Fracture 2nd Skull	16. <u>1</u>	17. <u>1</u>	18. <u>5</u>	19. <u>02</u>	20. <u>06</u>	21. <u>4</u>	22. <u>8</u>	23. <u>11</u>
Lac of brain	27. <u>1</u>	28. <u>1</u>	29. <u>4</u>	30. <u>06</u>	31. <u>88</u>	32. <u>4</u>	33. <u>9</u>	34. <u>11</u>
Sustained 4th	38. <u>1</u>	39. <u>1</u>	40. <u>4</u>	41. <u>06</u>	42. <u>52</u>	43. <u>4</u>	44. <u>9</u>	45. <u>11</u>
Fracture Spine 5th	49. <u>1</u>	50. <u>6</u>	51. <u>5</u>	52. <u>02</u>	53. <u>32</u>	54. <u>2</u>	55. <u>6</u>	56. <u>11</u>
Inj to 6th vertebrae	60. <u>1</u>	61. <u>4</u>	62. <u>4</u>	63. <u>14</u>	64. <u>10</u>	65. <u>4</u>	66. <u>3</u>	67. <u>11</u>
Lac of spleen	71. <u>1</u>	72. <u>5</u>	73. <u>4</u>	74. <u>42</u>	75. <u>20</u>	76. <u>2</u>	77. <u>2</u>	78. <u>11</u>
Fracture 8th	82. <u>1</u>	83. <u>8</u>	84. <u>5</u>	85. <u>18</u>	86. <u>16</u>	87. <u>2</u>	88. <u>2</u>	89. <u>11</u>
Abnor abdomen	93. <u>1</u>	94. <u>5</u>	95. <u>9</u>	96. <u>02</u>	97. <u>02</u>	98. <u>1</u>	99. <u>0</u>	100. <u>11</u>
Abn (R) 10th	104. <u>1</u>	105. <u>8</u>	106. <u>9</u>	107. <u>02</u>	108. <u>02</u>	109. <u>1</u>	110. <u>1</u>	111. <u>11</u>
Abn (L) High	112. <u>1</u>	113. <u>1</u>	114. <u>97</u>					

OCCUPANT INJURY DATA

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____

(9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Underride
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____

(86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (8) Skin

Specific Anatomic Structure

- | | |
|------------------------------------|--|
| Whole Area | Spine |
| (02) Skin - Abrasion | (02) Cervical |
| (04) Skin - Contusion | (04) Thoracic |
| (06) Skin - Laceration | (06) Lumbar |
| (08) Skin - Avulsion | Vessels, Nerves, Organs, Bones, |
| (10) Amputation | Joints are assigned consecutive two digit numbers beginning with 02 |
| (20) Burn | |
| (30) Crush | |
| (40) Degloving | |
| (50) Injury - NFS | |
| (90) Trauma, other than mechanical | |
-
- | | |
|-------------------------------------|--|
| Head - LOC | Level of Injury |
| (02) Length of LOC | Specific injuries are assigned consecutive two-digit numbers beginning with 02. |
| (04, 06, 08) Level of Consciousness | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. |
| (10) Concussion | |

Abbreviated Injury Scale

- | | |
|-------------------------------|------------------|
| (1) Minor injury | Aspect |
| (2) Moderate injury | (1) Right |
| (3) Serious injury | (2) Left |
| (4) Severe injury | (3) Bilateral |
| (5) Critical injury | (4) Central |
| (6) Maximum (untreatable) | (5) Anterior |
| (7) Injured, unknown severity | (6) Posterior |
| | (7) Superior |
| | (8) Inferior |
| | (9) Unknown |
| | (0) Whole region |

OCCUPANT INJURY CLASSIFICATION

OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

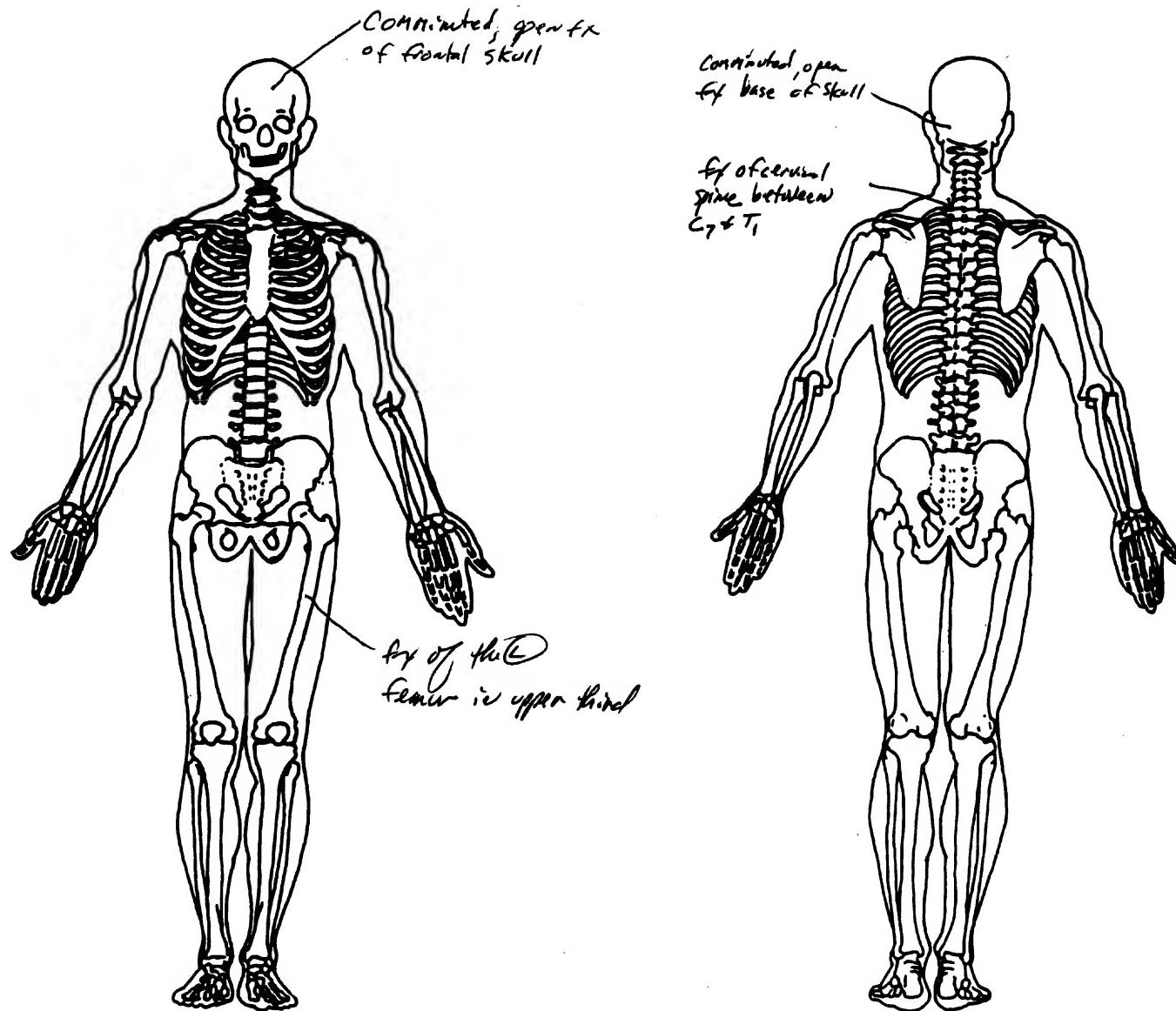
GCSS = _____

Units of Blood Given

Units = _____

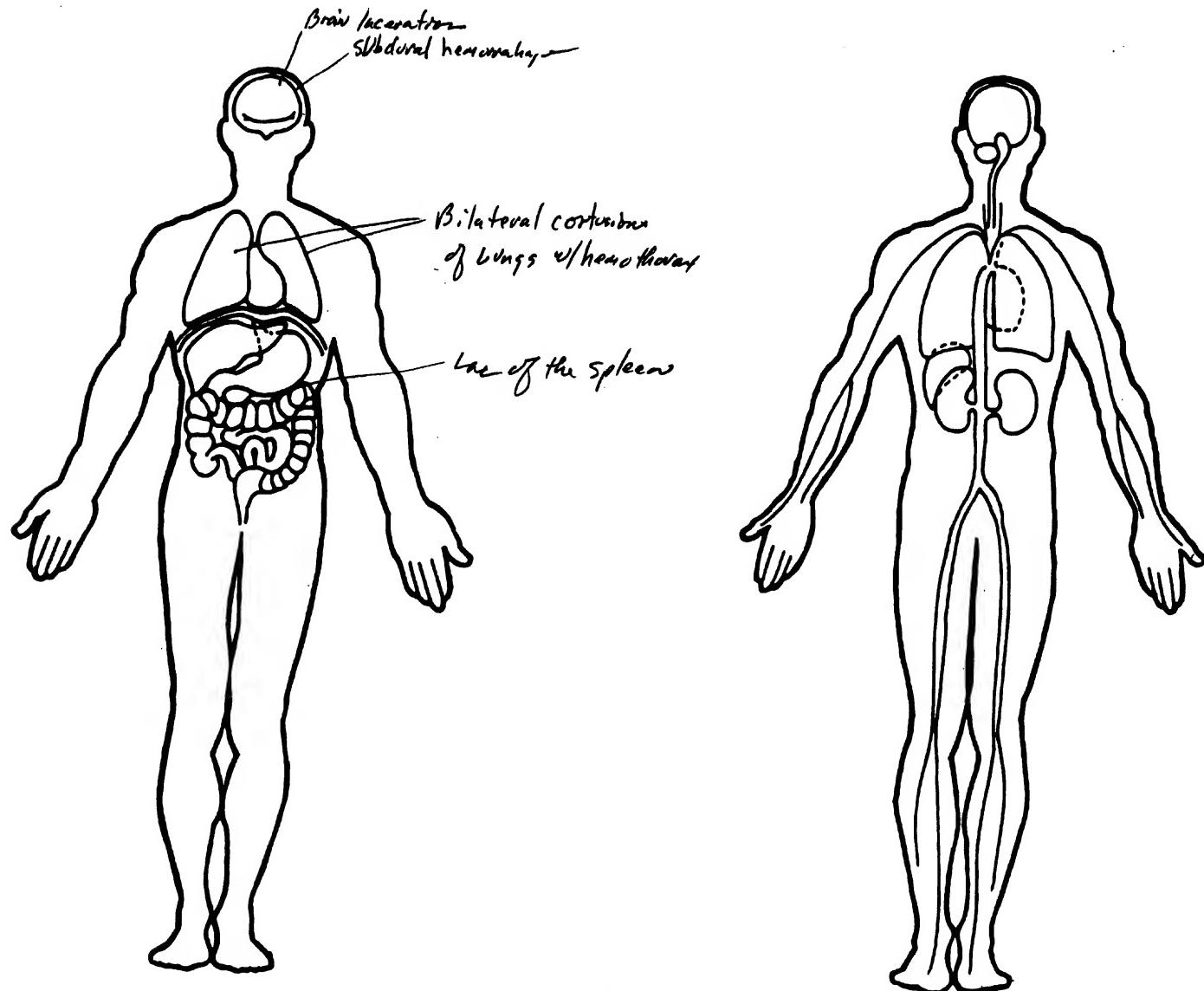
Arterial Blood Gases

pH = ____.

PO₂ = ____PCO₂ ____HCO₃ ____

OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

 inches X 2.54 = centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

 pounds X .4536 = kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

94-22

01

03

1

107

016

2

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

21

0

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure
- (8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use

- 0 4
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- 9
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown
Strap(s) possibly worn behind back

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function

- 0
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment

- 0
- (0) Not equipped/not available
 - (1) Air bag deployed during accident (as a result of impact)
 - (2) Air bag deployed inadvertently just prior to accident
 - (3) Air bag deployed, accident sequence undetermined
 - (4) Nondeployed
 - (5) Unknown if deployed
 - (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (9) Unknown

23. Are There Indications of Air Bag System Failure?

- 0
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- 4
- (0) None used
 - (1) Police did not indicate restraint use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

0

26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)
(99) Unknown

03

27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): flattened

6

- (7) Combination of above (specify): _____

- (8) Other (specify): _____

- (9) Unknown

CHILD SAFETY SEAT

<p>28. Child Safety Seat Make/Model <u>OA2</u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) _____ (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u>O</u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) _____ (9) Unknown if child safety seat used</p> <p>30. Child Safety Seat Orientation <u>OZ</u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) _____ <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) _____ <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) _____ (99) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u>OZ</u></p> <p>32. Child Safety Seat Shield Usage <u>O</u></p> <p>33. Child Safety Seat Tether Usage <u>OZ</u> <small>Note: Options below applicable to Variables OA31-OA33.</small> (00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
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INJURY CONSEQUENCES

34. Injury Severity (Police Rating)

- 4
- (0) O - No injury
 - (1) C - Possible injury
 - (2) B - Nonincapacitating injury
 - (3) A - Incapacitating injury
 - (4) K - Killed
 - (5) U - Injury, severity unknown
 - (6) Died prior to accident
 - (9) Unknown

35. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost

- 97
- ____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 - (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death

- 65
- ____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 - (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death

06

41. 2nd Medically Reported Cause of Death

99

42. 3rd Medically Reported Cause of Death

99

- ____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant

24

- ____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes

- O*
 During Accident
 (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

- (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

- I*
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 Other (specify): *Police report*
 [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 0 2
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 0 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported , HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

01

2. Case Number - Stratum

94-22

4. Occupant Number

03

INJURY DATA

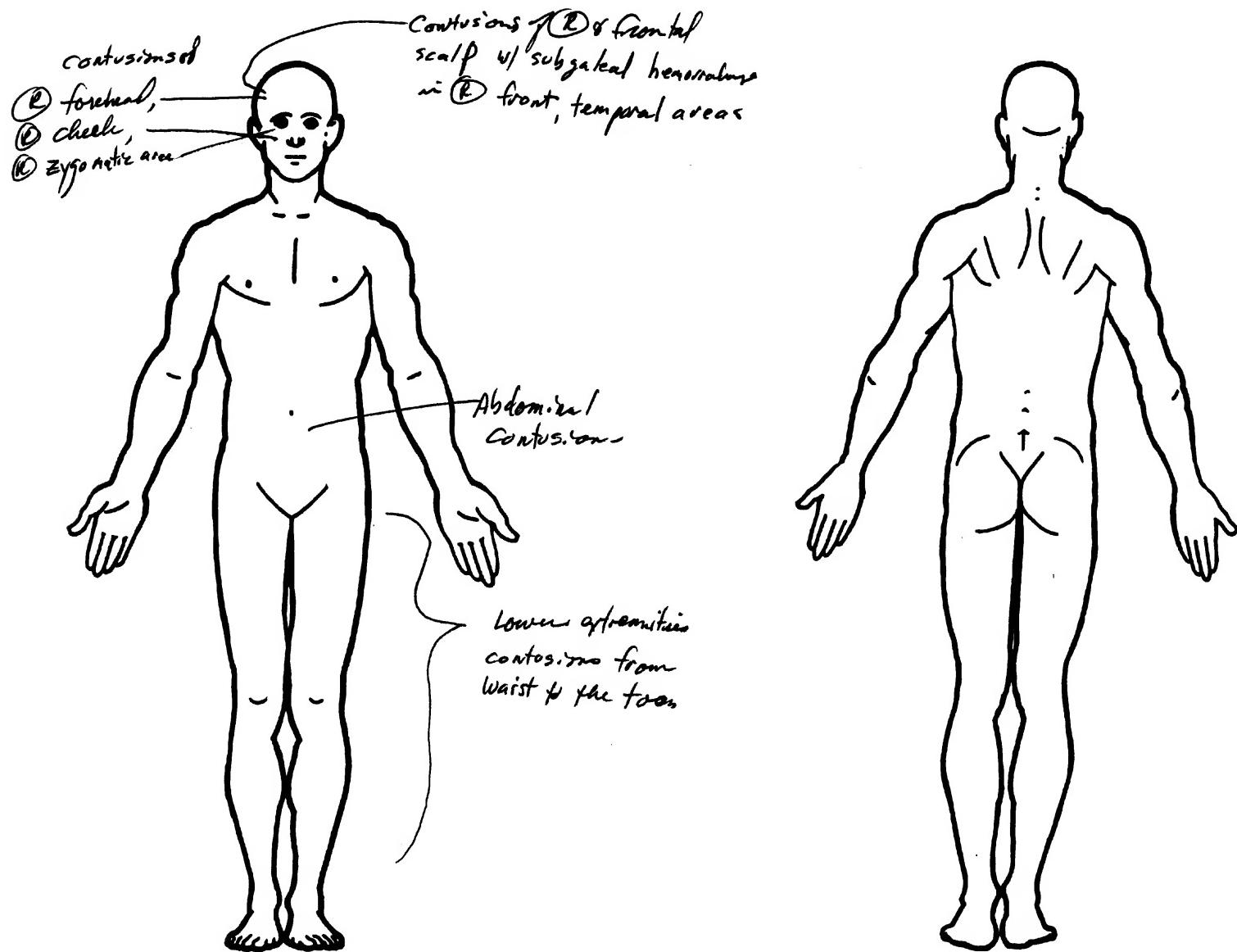
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90					Injury Source	Injury Confidence Level	Direct/Indirect	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
Skull	1st	5. 1	6. 1	7. 5	8. 04	9. 02	10. 2	11. 1	12. 46	13. 2	14. 1	15. 97
Sulcus	2nd	16. 1	17. 1	18. 4	19. 06	20. 52	21. 4	22. 9	23. 46	24. 2	25. 1	26. 97
Subarachnoid	3rd	27. 1	28. 1	29. 4	30. 06	31. 84	32. 3	33. 9	34. 46	35. 2	36. 1	37. 97
Ventricular	4th	38. 1	39. 1	40. 4	41. 04	42. 02	43. 3	44. 6	45. 46	46. 2	47. 1	48. 97
Cerebellar	5th	49. 1	50. 1	51. 4	52. 04	53. 02	54. 3	55. 6	56. 46	57. 2	58. 1	59. 00
Cerebral	6th	60. 1	61. 1	62. 4	63. 06	64. 88	65. 4	66. 9	67. 46	68. 2	69. 1	70. 00
Transected artery	7th	71. 1	72. 2	73. 2	74. 02	75. 04	76. 3	77. 1	78. 46	79. 2	80. 1	81. 00
Atlanta/occiput	8th	82. 1	83. 6	84. 5	85. 02	86. 08	87. 2	88. 6	89. 46	90. 2	91. 1	92. 00
Fx 1	9th	93. 1	94. 6	95. 5	96. 04	97. 16	98. 2	99. 7	100. 41	101. 1	102. 1	103. 00
Fx 1	10th	104. +	105. 6	106. 5	107. 06	108. 16	109. 2	110. 8	111. 4+	112. 1	113. 1	114. 00

OCCUPANT INJURY DATA

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA			
OFFICIAL			
(1) Autopsy records with or without hospital/medical records			
(2) Hospital/medical records other than emergency room (e.g., discharge summary)			
(3) Emergency room records only (including associated X-rays or other lab reports)			
(4) Private physician, walk-in or emergency clinic			
UNOFFICIAL			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify): _____			
(9) Police			
INJURY SOURCE			
FRONT			
(01) Windshield			
(02) Mirror			
(03) Sunvisor			
(04) Steering wheel rim			
(05) Steering wheel hub/spoke			
(06) Steering wheel (combination of codes 04 and 05)			
(07) Steering column, transmission selector lever, other attachment			
(08) Add on equipment (e.g., CB, tape deck, air conditioner)			
(09) Left instrument panel and below			
(10) Center instrument panel and below			
(11) Right instrument panel and below			
(12) Glove compartment door			
(13) Knee bolster			
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)			
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)			
(16) Driver side air bag compartment cover			
(17) Passenger side air bag compartment cover			
(18) Windshield reinforced by exterior object (specify): _____			
(19) Other front object (specify): _____			
LEFT SIDE			
(20) Left side interior surface, excluding hardware or armrests			
(21) Left side hardware or armrest			
(22) Left A (A1/A2)-pillar			
(23) Left B-pillar			
(24) Other left pillar (specify): _____			
RIGHT SIDE			
(25) Left side window glass or frame			
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.			
(27) Other left side object (specify): _____			
(28) Left side window sill			
ROOF			
(29) Left side window glass or frame			
(30) Right side interior surface, excluding hardware or armrests			
(31) Right side hardware or armrest			
(32) Right A (A1/A2)-pillar			
(33) Right B-pillar			
(34) Other right pillar (specify): _____			
(35) Right side window glass or frame			
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.			
(37) Other right side object (specify): _____			
(38) Right side window sill			
INTERIOR			
(39) Seat, back support			
(40) Belt restraint webbing/buckle			
(41) Belt restraint B-pillar or door frame attachment point			
(42) Other restraint system component (specify): _____			
(43) Head restraint system			
(44) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)			
(45) Other occupants (specify): _____			
(46) Interior loose objects			
(47) Child safety seat (specify): _____			
(48) Other interior object (specify): _____			
FLOOR			
(49) Floor (including toe pan)			
(50) Floor or console mounted transmission lever, including console			
(51) Parking brake handle			
(52) Foot controls including parking brake			
REAR			
(53) Roof left side rail			
(54) Roof right side rail			
(55) Roof or convertible top			
(56) Backlight (rear window)			
EXTERIOR of OCCUPANT'S VEHICLE			
(57) Hood			
(58) Outside hardware (e.g., outside mirror, antenna)			
(59) Other exterior surface or tires (specify): _____			
(60) Unknown exterior objects			
EXTERIOR OF OTHER MOTOR VEHICLE			
(61) Front bumper			
(62) Hood edge			
(63) Other front of vehicle (specify): _____			
(64) Hood			
(65) Hood ornament			
(66) Windshield, roof rail, A-pillar			
(67) Side surface			
(68) Side mirrors			
(69) Other side protrusions (specify): _____			
(70) Rear surface			
(71) Undercarriage			
(72) Tires and wheels			
(73) Other exterior of other motor vehicle (specify): _____			
(74) Unknown exterior of other motor vehicle			
OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT			
(75) Ground			
(76) Other vehicle or object (specify): _____			
(77) Unknown vehicle or object			
NONCONTACT INJURY			
(78) Fire in vehicle			
(79) Flying glass			
(80) Other noncontact injury source (specify): _____			
(81) Air bag exhaust gases			
(82) Injured, unknown source			
INJURY SOURCE CONFIDENCE LEVEL			
(83) Certain			
(84) Probable			
(85) Possible			
(86) Unknown			
DIRECT/INDIRECT INJURY			
(87) Direct contact injury			
(88) Indirect contact injury			
(89) Noncontact injury			
(90) Injured, unknown source			
OCCUPANT INJURY CLASSIFICATION			
Body Region		Specific Anatomic Structure	
(1) Head		Whole Area	
(2) Face		(02) Skin - Abrasion	
(3) Neck		(04) Skin - Contusion	
(4) Thorax		(06) Skin - Laceration	
(5) Abdomen		(08) Skin - Avulsion	
(6) Spine		(10) Amputation	
(7) Upper Extremity		(20) Burn	
(8) Lower Extremity		(30) Crush	
(9) Unspecified		(40) Degloving	
		(50) Injury - NFS	
		(60) Trauma, other than mechanical	
Type of Anatomic Structure		Head - LOC	
(1) Whole Area		(02) Length of LOC	
(2) Vessels		(04, 06, 08) Level of Consciousness	
(3) Nerves		(10) Concussion	
(4) Organs (includes muscles/ligaments)			
(5) Skeletal (includes joints)			
(6) Head - LOC			
(9) Skin			
Spine		Cervical	
(02)		Thoracic	
(04)		Lumbar	
(06)			
Vessels, Nerves, Organs, Bones, Joints		are assigned consecutive two digit numbers beginning with 02	
Level of Injury			
Specific injuries are assigned consecutive two-digit numbers beginning with 02.			
To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.			
Abbreviated Injury Scale		Aspect	
(1) Minor injury		(1) Right	
(2) Moderate injury		(2) Left	
(3) Serious injury		(3) Bilateral	
(4) Severe injury		(4) Central	
(5) Critical injury		(5) Anterior	
(6) Maximum (untreatable)		(6) Posterior	
(7) Injured, unknown severity		(7) Superior	
		(8) Inferior	
		(9) Unknown	
		(0) Whole region	

OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

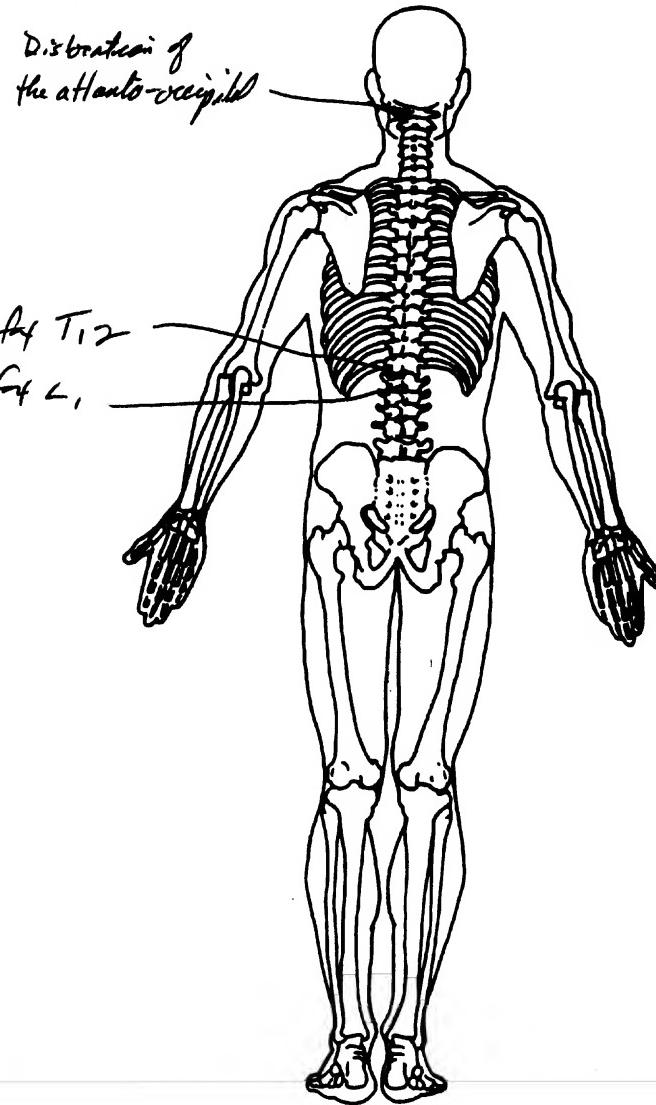
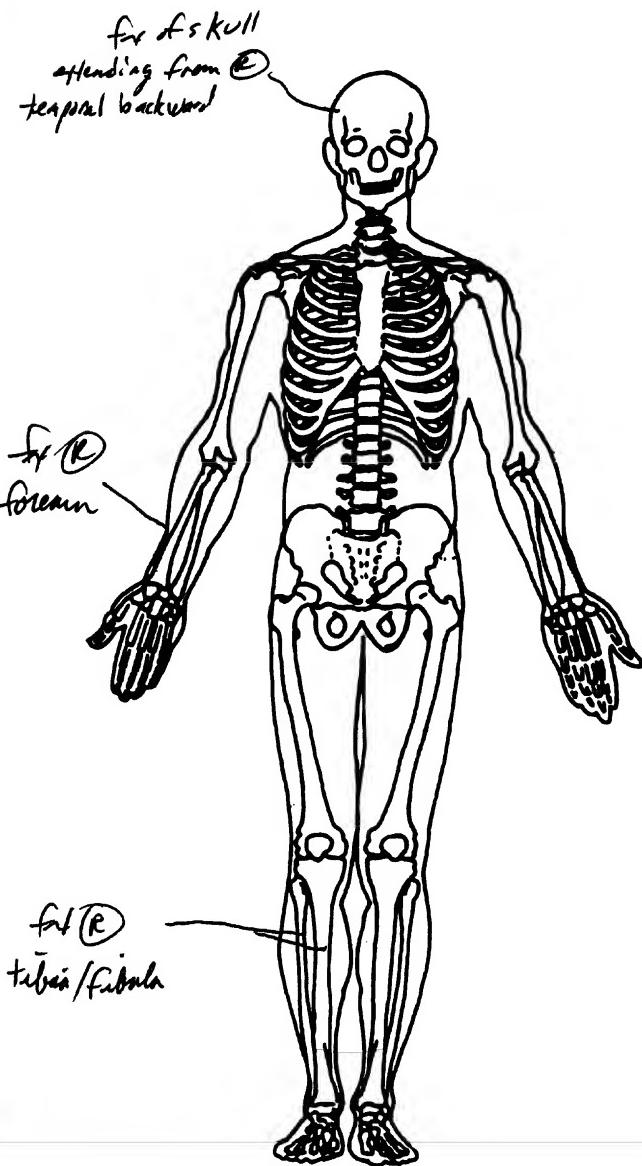
GCSS = _____

Units of Blood Given

Units = _____

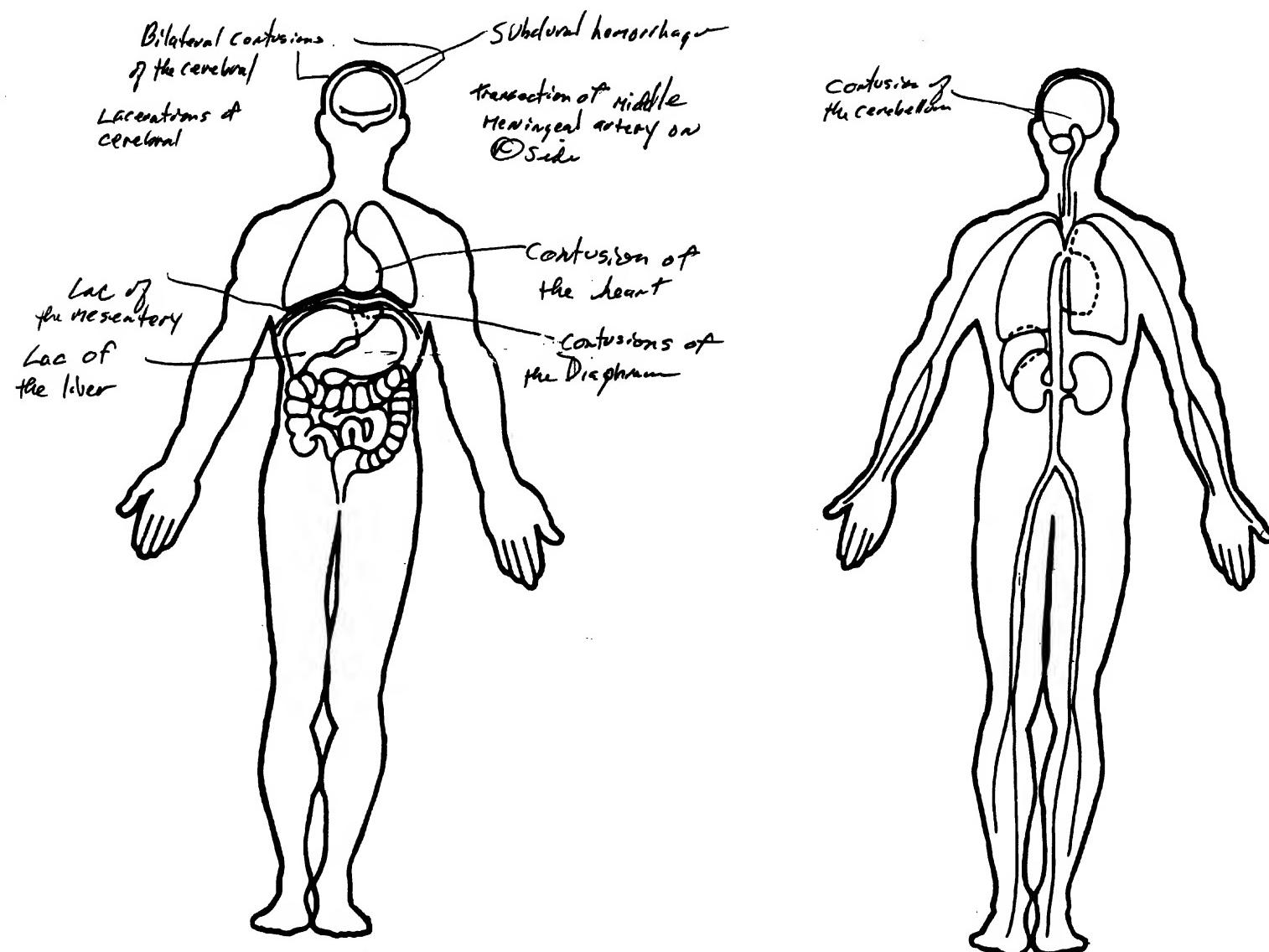
Arterial Blood Gases

pH = ____.

PO₂ = _____PCO₂ _____HCO₃ _____

OFFICIAL INJURY DATA –INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum 94-22
3. Vehicle Number 01
4. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 06
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 119
Code actual height to the nearest centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters
8. Occupant's Weight 023
Code actual weight to the nearest kilogram.
(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 22
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
 - (1) Entrapped
 - (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- 3
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- 03
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- 1
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

21. Air Bag System Availability/Function

0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment

0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure?

0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

3

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 0

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) _____

26. Seat Type (this Occupant Position) 0 3

- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 6

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): Floor

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing
(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

000

31. Child Safety Seat Harness Usage

00

32. Child Safety Seat Shield Usage

00

33. Child Safety Seat Tether Usage

00Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether

added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

29. Type of Child Safety Seat

0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This**Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating)

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

4

35. Treatment - Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

 (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

2

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

 (9) Unknown

37. Hospital Stay

08

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

38. Working Days Lost

97

- ____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death

01

- ____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

40. 1st Medically Reported Cause of Death

03

41. 2nd Medically Reported Cause of Death

08

42. 3rd Medically Reported Cause of Death

09

- ____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant

16

- ____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify):

Police
 Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score

(at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility

(02) No GCS Score at medical facility

(03-15) Code the actual value of the initial GCS Score recorded at medical facility.

(97) Injured, details unknown

(99) Unknown if injured

0 2

51. Was the Occupant Given Blood?

(1) No - blood not given

(2) Yes - blood given

(specify units): _____

(9) Unknown if blood given

1

52. Arterial Blood Gases (ABG) - HCO₃

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported , HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

0 1

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify): _____

(9) Unknown if belt used

1



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number
2. Case Number - Stratum 94-22

3. Vehicle Number 01
4. Occupant Number 04

INJURY DATA

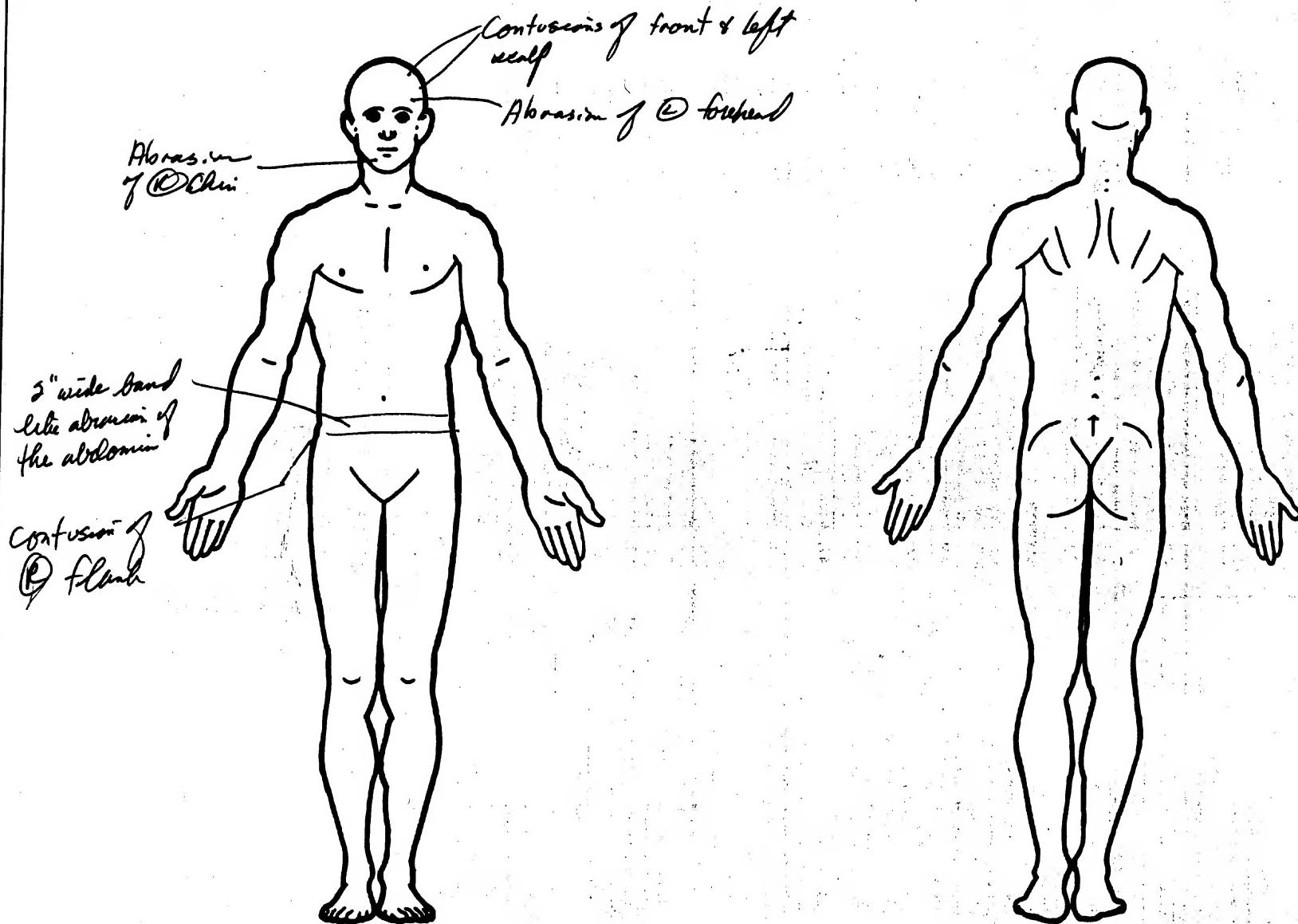
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90					Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number			
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity Aspect						
Fractured spine L3, L4 1st	5. <u>1</u>	6. <u>6</u>	7. <u>5</u>	8. <u>06</u>	9. <u>99</u>	10. <u>2</u>	11. <u>8</u>	12. <u>41</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
Spinal cord 2nd	16. <u>1</u>	17. <u>6</u>	18. <u>4</u>	19. <u>06</u>	20. <u>02</u>	21. <u>3</u>	22. <u>8</u>	23. <u>41</u>	24. <u>1</u>	25. <u>1</u>	26. <u>02</u>
Abs. aorta 3rd	27. <u>1</u>	28. <u>5</u>	29. <u>2</u>	30. <u>02</u>	31. <u>08</u>	32. <u>5</u>	33. <u>4</u>	34. <u>41</u>	35. <u>1</u>	36. <u>1</u>	37. <u>02</u>
Ventricular 4th	38. <u>1</u>	39. <u>5</u>	40. <u>2</u>	41. <u>10</u>	42. <u>02</u>	43. <u>2</u>	44. <u>2</u>	45. <u>41</u>	46. <u>1</u>	47. <u>1</u>	48. <u>02</u>
Pneumothorax 5th	49. <u>1</u>	50. <u>5</u>	51. <u>4</u>	52. <u>20</u>	53. <u>20</u>	54. <u>2</u>	55. <u>8</u>	56. <u>41</u>	57. <u>1</u>	58. <u>1</u>	59. <u>02</u>
Pneumothorax cont 6th	60. <u>1</u>	61. <u>5</u>	62. <u>4</u>	63. <u>20</u>	64. <u>10</u>	65. <u>2</u>	66. <u>8</u>	67. <u>41</u>	68. <u>1</u>	69. <u>1</u>	70. <u>02</u>
Cervical edema 7th	71. <u>1</u>	72. <u>1</u>	73. <u>4</u>	74. <u>06</u>	75. <u>68</u>	76. <u>3</u>	77. <u>9</u>	78. <u>56</u>	79. <u>2</u>	80. <u>1</u>	81. <u>97</u>
Sediment 8th	82. <u>1</u>	83. <u>1</u>	84. <u>4</u>	85. <u>06</u>	86. <u>52</u>	87. <u>4</u>	88. <u>9</u>	89. <u>56</u>	90. <u>2</u>	91. <u>1</u>	92. <u>97</u>
Bilirubin cont 9th	93. <u>1</u>	94. <u>4</u>	95. <u>4</u>	96. <u>14</u>	97. <u>10</u>	98. <u>4</u>	99. <u>3</u>	100. <u>56</u>	101. <u>2</u>	102. <u>1</u>	103. <u>97</u>
Kidney cont 10th	104. <u>1</u>	105. <u>5</u>	106. <u>4</u>	107. <u>16</u>	108. <u>10</u>	109. <u>2</u>	110. <u>2</u>	111. <u>41</u>	112. <u>1</u>	113. <u>1</u>	114. <u>02</u>

OCCUPANT INJURY DATA

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
 (2) Hospital/medical records other than emergency room (e.g., discharge summary)
 (3) Emergency room records only (including associated X-rays or other lab reports)
 (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
 (6) E.M.S. personnel
 (7) Interviewee
 (8) Other source (specify): _____
 (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
 (02) Mirror
 (03) Sunvisor
 (04) Steering wheel rim
 (05) Steering wheel hub/spoke
 (06) Steering wheel (combination of codes 04 and 05)
 (07) Steering column, transmission selector lever, other attachment
 (08) Add on equipment (e.g., CB, tape deck, air conditioner)
 (09) Left instrument panel and below
 (10) Center instrument panel and below
 (11) Right instrument panel and below
 (12) Glove compartment door
 (13) Knee bolster
 (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (16) Driver side air bag compartment cover
 (17) Passenger side air bag compartment cover
 (18) Windshield reinforced by exterior object (specify): _____
 (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
 (21) Left side hardware or armrest
 (22) Left A (A1/A2)-pillar
 (23) Left B-pillar
 (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
 (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (27) Other left side object (specify): _____
 (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
 (31) Right side hardware or armrest
 (32) Right A (A1/A2)-pillar
 (33) Right B-pillar
 (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
 (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
 (41) Belt restraint webbing/buckle
 (42) Belt restraint B-pillar or door frame attachment point
 (43) Other restraint system component (specify): _____
 (44) Head restraint system
 (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
 (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
 (51) Rear header
 (52) Roof left side rail
 (53) Roof right side rail
 (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
 (57) Floor or console mounted transmission lever, including console
 (58) Parking brake handle
 (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
 (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
 (66) Outside hardware (e.g., outside mirror, antenna)
 (67) Other exterior surface or tires (specify): _____
 (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
 (71) Hood edge
 (72) Other front of vehicle (specify): _____

- (73) Hood
 (74) Hood ornament
 (75) Windshield, roof rail, A-pillar
 (76) Side surface
 (77) Side mirrors
 (78) Other side protrusions (specify): _____

- (79) Rear surface
 (80) Undercarriage
 (81) Tires and wheels
 (82) Other exterior of other motor vehicle (specify): _____
 (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
 (85) Other vehicle or object (specify): _____

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
 (91) Flying glass
 (92) Other noncontact injury source (specify): _____
 (93) Air bag exhaust gases
 (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
 (2) Indirect contact injury
 (3) Noncontact injury
 (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
 (2) Face
 (3) Neck
 (4) Thorax
 (5) Abdomen
 (6) Spine
 (7) Upper Extremity
 (8) Lower Extremity
 (9) Unspecified
- Type of Anatomic Structure
- (1) Whole Area
 (2) Vessels
 (3) Nerves
 (4) Organs (includes muscles/ligaments)
 (5) Skeletal (includes joints)
 (6) Head - LOC
 (9) Skin

Specific Anatomic Structure

- Whole Area
 (02) Skin - Abrasion
 (04) Skin - Contusion
 (06) Skin - Laceration
 (08) Skin - Avulsion
 (10) Amputation
 (20) Burn
 (30) Crush
 (40) Degloving
 (50) Injury - NFS
 (90) Trauma, other than mechanical
- Head - LOC
 (02) Length of LOC
 (04, 06, 08) Level of Consciousness
 (10) Concussion

Spine

- (02) Cervical
 (04) Thoracic
 (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
 (2) Moderate injury
 (3) Serious injury
 (4) Severe injury
 (5) Critical injury
 (6) Maximum (untreatable)
 (7) Injured, unknown severity

Aspect

- (1) Right
 (2) Left
 (3) Bilateral
 (4) Central
 (5) Anterior
 (6) Posterior
 (7) Superior
 (8) Inferior
 (9) Unknown
 (0) Whole region

OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

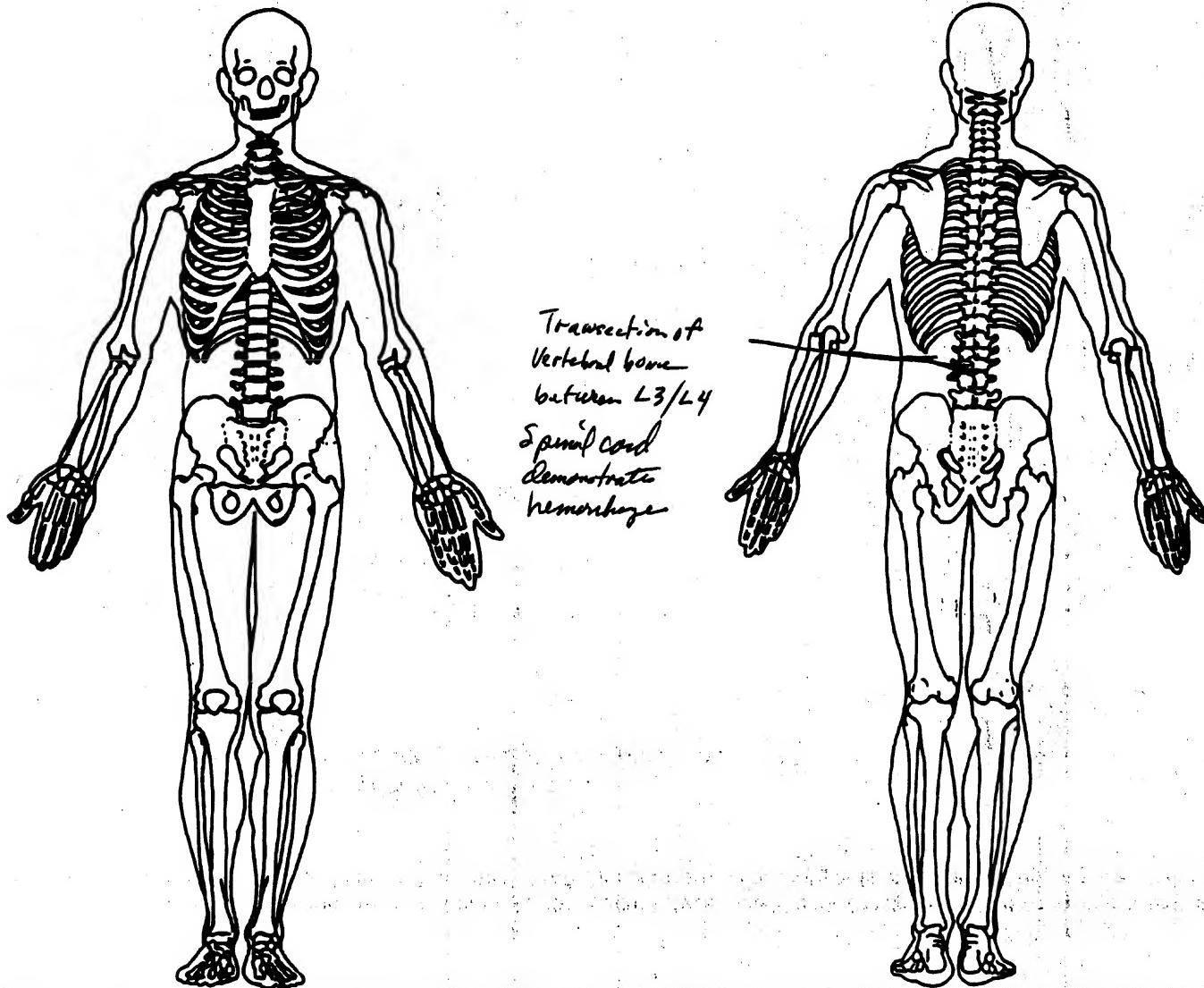
Units = _____

Arterial Blood Gases

pH = ____.

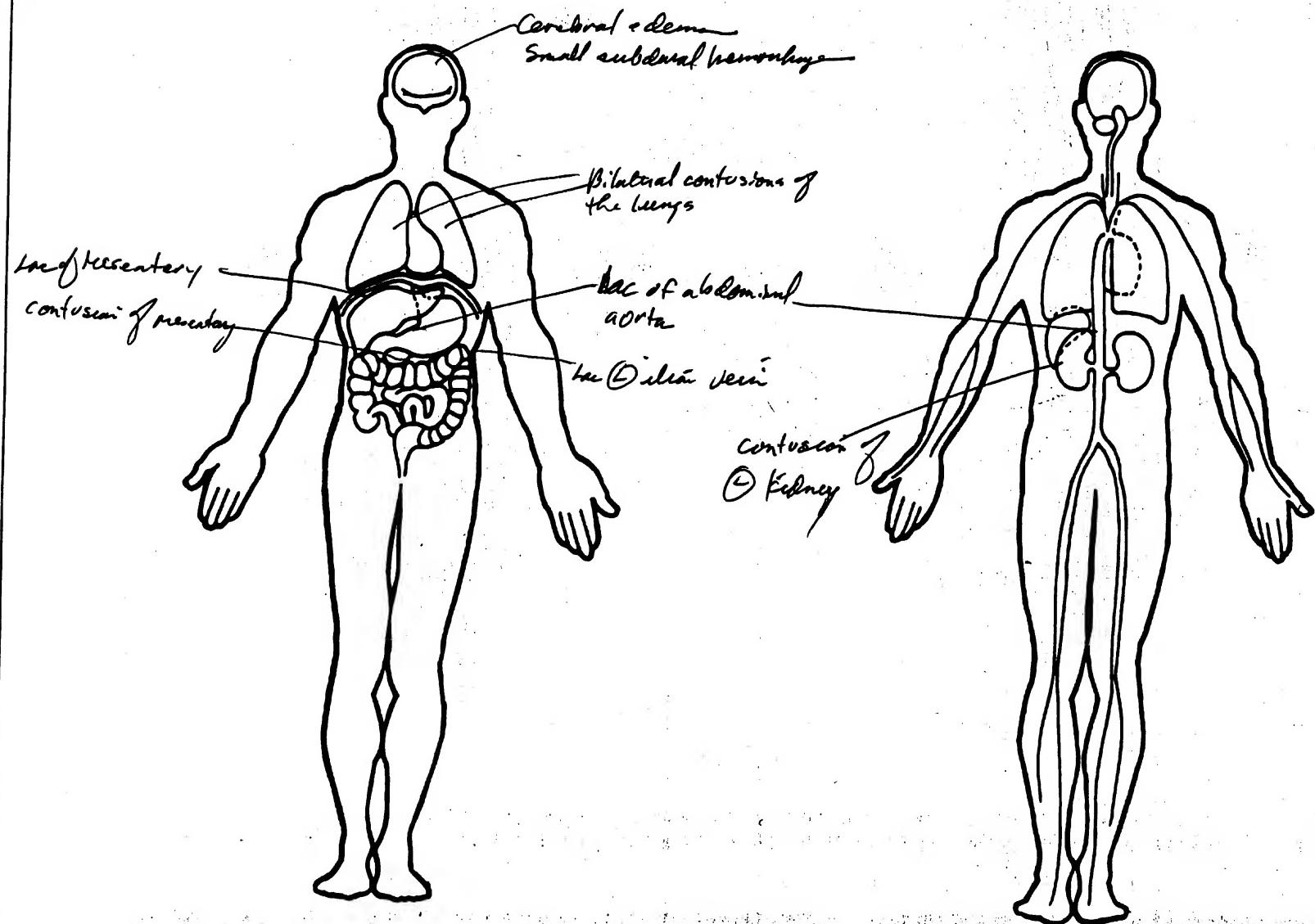
PO₂ = ____PCO₂ ____HCO₃ ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum 94-22
3. Vehicle Number 01
4. Occupant Number 05

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 08
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 127
Code actual height to the nearest centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters
8. Occupant's Weight 024
Code actual weight to the nearest kilogram.
(999) Unknown

____ pounds X .4536 = ____ kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): _____
- (99) Unknown

11. Occupant's Posture

- (0) Normal posture

8

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): Hand on floor leaning on front
- (9) Unknown

Seat back support along the right side between the seat and the right B-pillar

EJECTION/ENTRAPMENT

12. Ejection

- 2
- (0) No ejection
 - (1) Complete ejection
 - (2) Partial ejection
 - (3) Ejection, unknown degree
 - (9) Unknown

13. Ejection Area

- 3
- (0) No ejection
 - (1) Windshield
 - (2) Left front
 - (3) Right front
 - (4) Left rear
 - (5) Right rear
 - (6) Rear
 - (7) Roof
 - (8) Other area (e.g., back of pickup, etc.)
(specify): _____
 - (9) Unknown

14. Ejection Medium

- 4
- (0) No ejection
 - (1) Door/hatch/tailgate
 - (2) Nonfixed roof structure
 - (3) Fixed glazing
 - (4) Nonfixed glazing (specify):
Right front window
 - (5) Integral structure
 - (8) Other medium (specify): _____
 - (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- 2
- (0) No ejection
 - (1) Open
 - (2) Closed
 - (3) Integral structure
 - (9) Unknown

16. Entrapment

- 1
- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
 - (1) Entrapped
 - (9) Unknown

*Between seat back support
and door panel on the right
side front*

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor _____
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): Floor

- (7) Combination of above (specify): _____

- (8) Other (specify): _____
(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

020

31. Child Safety Seat Harness Usage

02

32. Child Safety Seat Shield Usage

00

33. Child Safety Seat Tether Usage

02

29. Type of Child Safety Seat

0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

07

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This**Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating)

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment - Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

37. Hospital Stay

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

38. Working Days Lost

- ____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER

39. Time to Death

- ____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

40. 1st Medically Reported Cause of Death

0 1

41. 2nd Medically Reported Cause of Death

0 2

42. 3rd Medically Reported Cause of Death

0 3

- ____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant

19

- ____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor

- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
 Vehicle inspection
 Official injury data
 Driver/occupant interview
 Other (specify):

P&R

- Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 0 /
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the
 initial GCS Score recorded at medical
 facility.
 (97) Injured, details unknown
 (99) Unknown if injured
51. Was the Occupant Given Blood? /
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 0 /
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination
1
 (0) Not equipped/not available/destroyed
 or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

94-22

4. Occupant Number

01

05

INJURY DATA

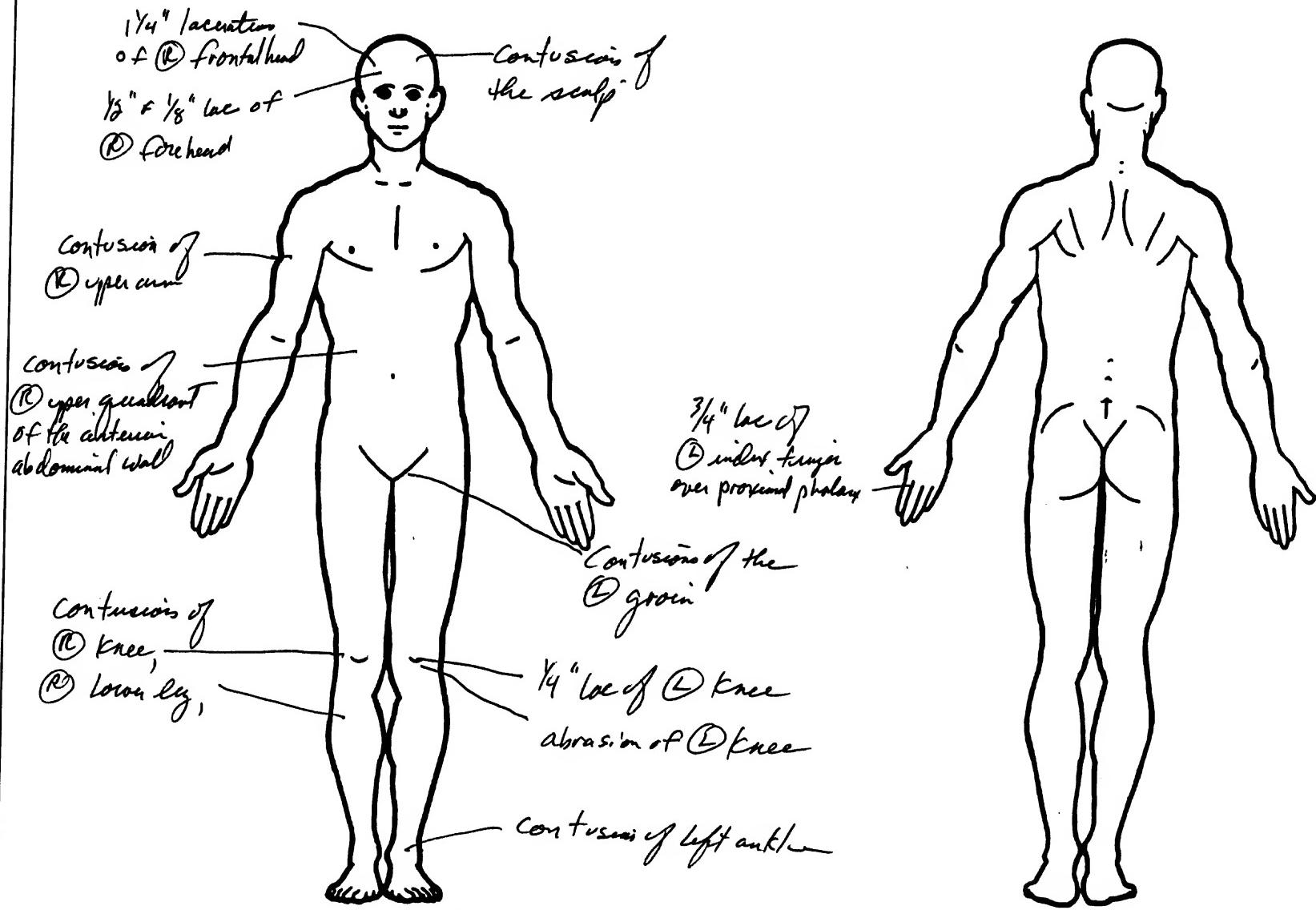
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	A.I.S. - 90			Injury Source Confidence	Injury Direct/Indirect	Occupant Area Intrusion
				Level of Injury	A.I.S. Severity	Aspect			
Common (R) <i>Skull</i>	1st	5. <u>1</u>	6. <u>1</u>	7. <u>5</u>	8. <u>04</u>	9. <u>06</u>	10. <u>4</u>	11. <u>1</u>	12. <u>32</u>
Common <i>skull</i>	2nd	16. <u>1</u>	17. <u>1</u>	18. <u>5</u>	19. <u>02</u>	20. <u>06</u>	21. <u>4</u>	22. <u>8</u>	23. <u>32</u>
Cervical <i>luc</i>	3rd	27. <u>1</u>	28. <u>1</u>	29. <u>4</u>	30. <u>06</u>	31. <u>88</u>	32. <u>4</u>	33. <u>1</u>	34. <u>32</u>
Epidural <i>hem</i>	4th	38. <u>1</u>	39. <u>1</u>	40. <u>4</u>	41. <u>06</u>	42. <u>30</u>	43. <u>4</u>	44. <u>9</u>	45. <u>32</u>
Subdural	5th	49. <u>1</u>	50. <u>1</u>	51. <u>4</u>	52. <u>06</u>	53. <u>50</u>	54. <u>4</u>	55. <u>9</u>	56. <u>32</u>
Intravent <i>hem</i>	6th	60. <u>1</u>	61. <u>1</u>	62. <u>4</u>	63. <u>06</u>	64. <u>78</u>	65. <u>4</u>	66. <u>9</u>	67. <u>32</u>
Lac <i>Spine</i>	7th	71. <u>1</u>	72. <u>5</u>	73. <u>4</u>	74. <u>42</u>	75. <u>26</u>	76. <u>4</u>	77. <u>2</u>	78. <u>40</u>
Br <i>lung</i> <i>cont</i>	8th	82. <u>1</u>	83. <u>4</u>	84. <u>4</u>	85. <u>14</u>	86. <u>10</u>	87. <u>4</u>	88. <u>3</u>	89. <u>40</u>
① <i>femur</i>	9th	93. <u>1</u>	94. <u>8</u>	95. <u>5</u>	96. <u>18</u>	97. <u>02</u>	98. <u>2</u>	99. <u>2</u>	100. <u>40</u>
Lac <i>fr</i> <i>head</i>	10th	104. <u>1</u>	105. <u>1</u>	106. <u>9</u>	107. <u>06</u>	108. <u>02</u>	109. <u>1</u>	110. <u>1</u>	111. <u>32</u>
									112. <u>1</u>
									113. <u>1</u>
									114. <u>92</u>

OCCUPANT INJURY DATA

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA			
OFFICIAL			
(1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic			
UNOFFICIAL			
(5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police			
INJURY SOURCE			
FRONT			
(O1) Windshield (O2) Mirror (O3) Sunvisor (O4) Steering wheel rim (O5) Steering wheel hub/spoke (O6) Steering wheel (combination of codes O4 and O5) (O7) Steering column, transmission selector lever, other attachment (O8) Add on equipment (e.g., CB, tape deck, air conditioner) (O9) Left instrument panel and below (O10) Center instrument panel and below (O11) Right instrument panel and below (O12) Glove compartment door (O13) Knee bolster (O14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only) (O15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only) (O16) Driver side air bag compartment cover (O17) Passenger side air bag compartment cover (O18) Windshield reinforced by exterior object (specify): (O19) Other front object (specify):			
LEFT SIDE			
(20) Left side interior surface, excluding hardware or armrests (21) Left side hardware or armrest (22) Left A (A1/A2)-pillar (23) Left B-pillar (24) Other left pillar (specify):			
RIGHT SIDE			
(30) Right side interior surface, excluding hardware or armrests (31) Right side hardware or armrest (32) Right A (A1/A2)-pillar (33) Right B-pillar (34) Other right pillar (specify):			
ROOF			
(50) Front header (51) Rear header (52) Roof left side rail (53) Roof right side rail (54) Roof or convertible top			
FLOOR			
(56) Floor (including toe pan) (57) Floor or console mounted transmission lever, including console (58) Parking brake handle (59) Foot controls including parking brake			
REAR			
(60) Backlight (rear window)			
EXTERIOR of OCCUPANT'S VEHICLE			
(65) Hood (66) Outside hardware (e.g., outside mirror, antenna) (67) Other exterior surface or tires (specify): (68) Unknown exterior objects			
EXTERIOR OF OTHER MOTOR VEHICLE			
(70) Front bumper (71) Hood edge (72) Other front of vehicle (specify):			
OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT			
(84) Ground (85) Other vehicle or object (specify): (86) Unknown vehicle or object			
NONCONTACT INJURY			
(90) Fire in vehicle (91) Flying glass (92) Other noncontact injury source (specify): (93) Air bag exhaust gases (97) Injured, unknown source			
INJURY SOURCE CONFIDENCE LEVEL			
(1) Certain (2) Probable (3) Possible (9) Unknown			
DIRECT/INDIRECT INJURY			
(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source			
Body Region	Specific Anatomic Structure	Spine	Abbreviated Injury Scale
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	Whole Area Skin - Abrasion Skin - Contusion Skin - Laceration Skin - Avulsion Amputation Burn Crush Degloving Injury - NFS Trauma, other than mechanical	(02) Cervical (04) Thoracic (06) Lumbar <u>Vessels, Nerves, Organs, Bones,</u> Joints are assigned consecutive two digit numbers beginning with 02	(1) Minor injury (2) Moderate injury (3) Serious injury (4) Severe injury (5) Critical injury (6) Maximum (untreatable) (7) Injured, unknown severity
Type of Anatomic Structure	Head - LOC	Level of Injury	Aspect
(1) Whole Area (2) Vessels (3) Nerves (4) Organs (includes muscles/ligaments) (5) Skeletal (includes joints) (6) Head - LOC (9) Skin	(02) Length of LOC (04, 06, 08) Level of Consciousness (10) Concussion	Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

 No Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

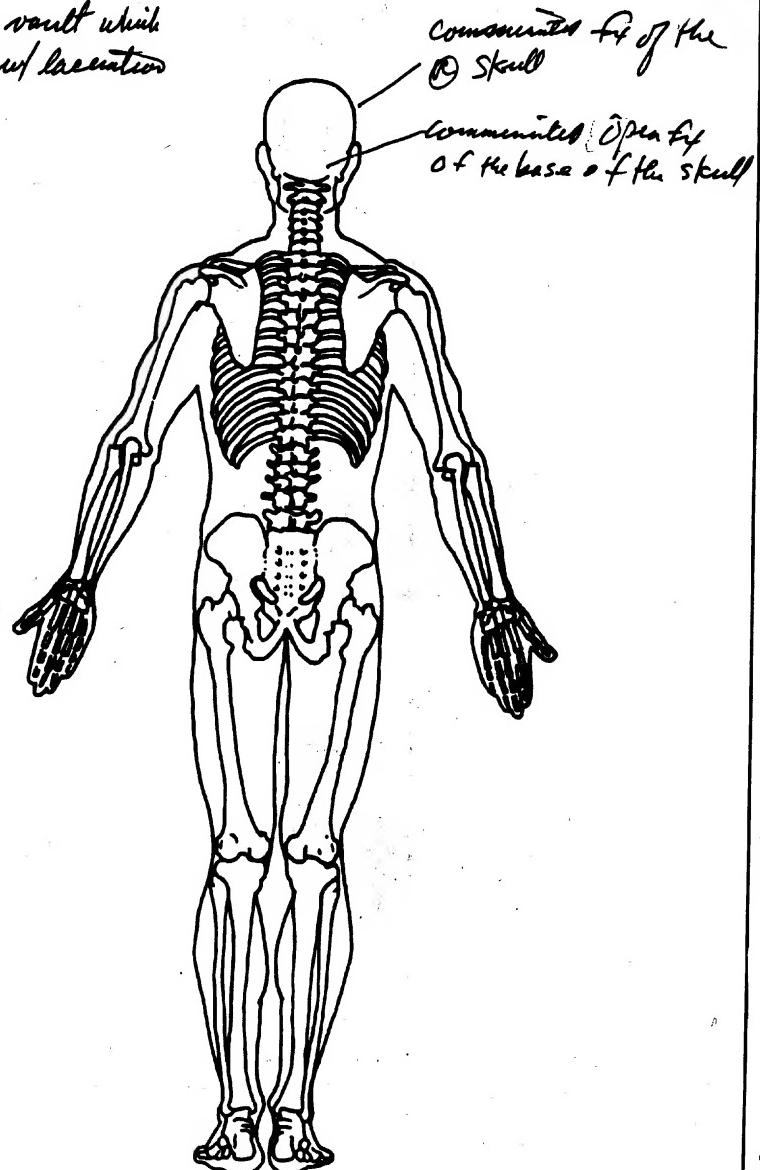
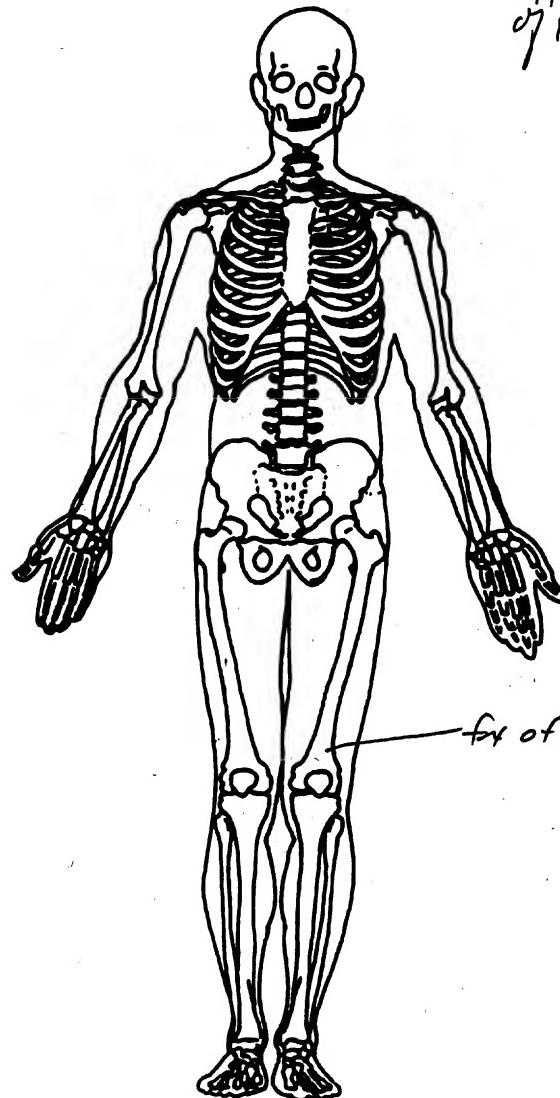
Units = _____

Arterial Blood Gases

pH = _____

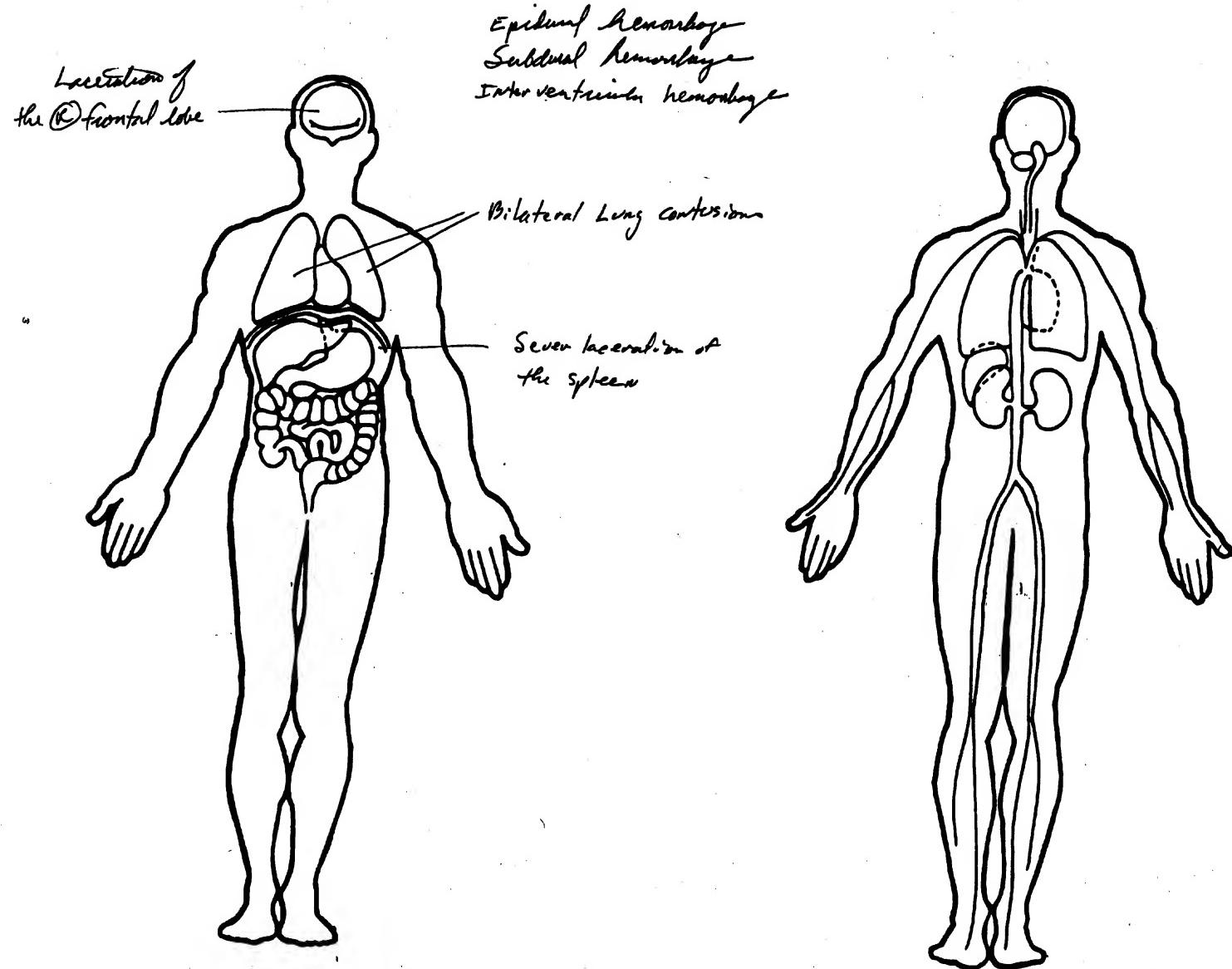
PO₂ = _____PCO₂ = _____HCO₃ = _____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number _____</p> <p>2. Case Number - Stratum <u>9 4 - 2 2</u></p> <p>3. Vehicle Number <u>0 2</u></p>	<p>11. Police Reported Alcohol Presence <u>0</u> (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown</p> <p>Note: See variables 37 through 55 (Page 4) for information on Other Drugs</p>
<p>VEHICLE IDENTIFICATION</p> <p>4. Vehicle Model Year <u>9 4</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>Freightliner</u> <u>8 2</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>Tractor - Cab behind</u> <u>8 8 1</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>6 8</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>1 F U Y D C Y B 3 R H (Serial # omitted)</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nines</p>	
<p>ACCIDENT RELATED</p> <p>13. Speed Limit <u>0 8 9</u> (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown</p> <p>_____ mph X 1.6093 = _____ kph</p> <p>14. Attempted Avoidance Maneuver <u>0 9</u> <u>wheel lock up</u> (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown</p>	
<p>9. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>10. Police Reported Travel Speed <u>9 9 9</u> Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>_____ mph X 1.6093 = _____ kph</p>	
<p>15. Accident Type <u>5 1</u> Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown</p>	
**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****	

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____

- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR \leq 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs $<$ GVWR \leq 12,000 kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____

- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted _____

24. Rollover

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
- (2) Rollover, 2 quarter turns
- (3) Rollover, 3 quarter turns
- (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
- (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
- _____ lbs X .4536 = _____ kgs
- Source: _____
20. Vehicle Cargo Weight
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
- _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V)
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

- (9) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)

26. Rear Override/Underride (this Vehicle)

- (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

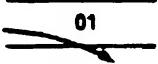
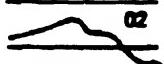
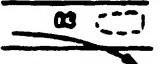
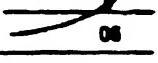
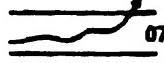
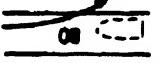
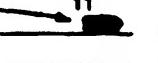
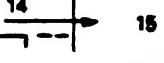
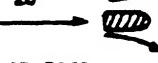
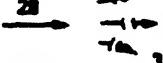
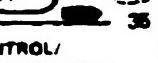
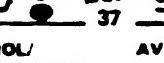
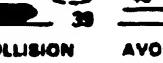
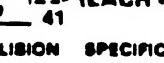
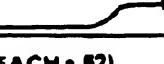
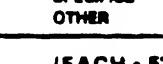
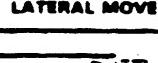
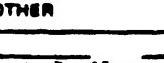
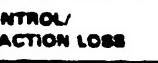
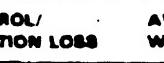
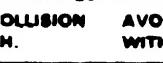
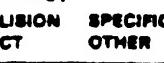
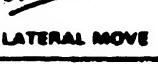
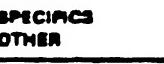
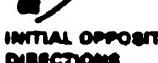
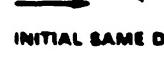
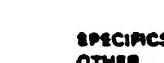
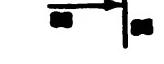
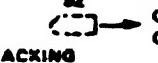
- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle

28. Heading Angle For Other Vehicle

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I Single Driver	A Right Roadside Departure				04	05	SPECIFICS OTHER SPECIFICS UNKNOWN	
	B Left Roadside Departure				09	10	SPECIFICS OTHER SPECIFICS UNKNOWN	
	C Forward Impact					15	16	SPECIFICS OTHER SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 STOPPED 21, 22, 23	 SLOWER 25, 26, 27	 DECEL. 28, 29, 31	 30 29 31	(EACH • 32)	(EACH • 33)	SPECIFICS OTHER SPECIFICS UNKNOWN
	E Forward Impact					(EACH • 42)	(EACH • 43)	SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle				(EACH • 48) SPECIFICS OTHER	(EACH • 49)	SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On			(EACH • 52) SPECIFICS OTHER	(EACH • 53)	SPECIFICS UNKNOWN		
	H Forward Impact					(EACH • 62)	(EACH • 63)	SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle			(EACH • 66) SPECIFICS OTHER	(EACH • 67)	SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path					(EACH • 74)	(EACH • 75)	SPECIFICS OTHER SPECIFICS UNKNOWN
	K Turn Into Path					(EACH • 84)	(EACH • 85)	SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths			(EACH • 90)	(EACH • 91)	SPECIFICS OTHER SPECIFICS UNKNOWN		
VI Miscellaneous	M Backing Etc.			98 Other Accident Type 99 Unknown Accident Type 00 No Impact				

<p>29. Basis for Total Delta V (highest)</p> <p><i>Delta V Calculated</i></p> <ol style="list-style-type: none"> (1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm <p><i>Delta V Not Calculated</i></p> <ol style="list-style-type: none"> (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available. 	<p>Highest</p> <p>+ _____ — _____</p> <p>32. Lateral Component of Delta V + _____ — _____</p> <p>Nearest kph (highest) Nearest kph (secondary)</p> <p>(NOTE: ___ 000 means greater than -0.5 kph and less than +0.5 kph) (±160) ± 159.5 kph and above (___ 999) Unknown</p>
<p>COMPUTER GENERATED DELTA V</p> <p>30. Total Delta V</p> <p>Highest + _____ — _____</p> <p>Nearest kph (highest) Nearest kph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>31. Longitudinal Component of Delta V</p> <p>+ _____ — _____</p> <p>Nearest kph (highest) Nearest kph (secondary)</p> <p>(NOTE: ___ 000 means greater than -0.5 kph and less than +0.5 kph) (±160) ± 159.5 kph and above (___ 999) Unknown</p>	<p>0 0</p> <p>Nearest 100 joules (highest) Nearest 100 joules (secondary)</p> <p>(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown</p> <p>34. Confidence In Reconstruction Program Results (For Highest Delta V)</p> <ol style="list-style-type: none"> (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable <p>35. Type of Vehicle Inspection</p> <ol style="list-style-type: none"> (0) No inspection (1) Complete inspection (2) Partial inspection (specify): _____ <p>36. Is this an AOPS Vehicle?</p> <ol style="list-style-type: none"> (0) No (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence 0
- (0) No other drug(s) present
 - (1) Yes [other drug(s) present]
 - (7) Not reported
 - (8) No driver present
 - (9) Unknown

38. Police Reported Drug Evaluation Classification 0
- (DEC) Test For Driver
- (0) No DEC process available or given
 - (1) DEC process given, results known
 - (2) DEC process given, results unknown
 - (3) DEC process available, unknown if given
 - (8) No driver present

39. Other Drug Specimen Test Type For Driver 1
- (0) No specimen test given
 - (1) Blood test
 - (2) Urine test
 - (3) Other specimen tests (specify):

(7) Unspecified specimen test
 - (8) No driver present
 - (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u> </u>	43. <u> </u>
Stimulant Drug	44. <u> </u>	45. <u> </u>
Hallucinogen Drug	46. <u> </u>	47. <u> </u>
Cannabinoid Drug	48. <u> </u>	49. <u> </u>
Phencyclidine (PCP)	50. <u> </u>	51. <u> </u>
Inhalant Drug	52. <u> </u>	53. <u> </u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u> </u>	55. <u> </u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA**56. Driver's Zip Code**

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted00**62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**0

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll0

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**01

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 53*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)66. Precrash Stability After Avoidance Maneuver 2

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

(8) No driver present

(9) Precrash stability unknown

67. Precrash Directional Consequences of
Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.**

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**



EXTERIOR VEHICLE FORM

CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	<u> </u>
2. Case Number - Stratum	<u>94-22</u>
3. Vehicle Number	<u>02</u>

VEHICLE IDENTIFICATION

VIN 1F0J4DCCYB3RH (Serial # omitted)

Model Year 94

Vehicle Make (specify): Freightliner

Vehicle Model (specify): F1D-120 Long Convention

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	Entire Frontal Plane	Entire Frontal Plane

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

- (31) Overturn — rollover
 - (32) Fire or explosion
 - (33) Jackknife
 - (34) Other intraunit damage (specify):

- (35) Noncollision injury
(38) Other noncollision (specify):
(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (\leq 10 cm in diameter)
 - (42) Tree ($>$ 10 cm in diameter)
 - (43) Shrubbery or bush
 - (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 10 cm in diameter)
 - (51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
 - (52) Pole or post ($>$ 30 cm in diameter)
 - (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
 - (58) Wall
 - (59) Building
 - (60) Ditch or culvert
 - (61) Ground
 - (62) Fire hydrant
 - (63) Curb
 - (64) Bridge
 - (68) Other fixed object (specify):

 - (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
 - (72) Pedestrian
 - (73) Cyclist or cycle
 - (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
 - (76) Animal
 - (77) Train
 - (78) Trailer, disconnected in transport
 - (79) Object fell from vehicle in-transport
 - (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):**

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>O 1</u>	5. <u>O 1</u>	6. <u>/ 2</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>w</u>	11. <u>O 1</u>

Second Highest Delta "V"

12. ____ 13. ____ 14. ____ 15. ____ 16. ____ 17. ____ 18. ____ 19. ____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	+
-----	-----	-----	-----	-----	-----	-----	-

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	+
-----	-----	-----	-----	-----	-----	-----	-

26. Are CDCs Documented but Not Coded on The Automated File?
 (0) No
 (1) Yes

O

27. Researcher's Assessment of Vehicle Disposition
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

1

28. Original Wheelbase _____ Code to the nearest centimeter
 (999) Unknown 999

_____ . _____ inches X 2.54 = _____ centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?</p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p>	<p>Q</p> <p>34. Fuel Tank-1 Location</p> <p>35. Fuel Tank-2 Location</p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p>
<p>30. Fire Occurrence</p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p>	<p>D</p>
<p>31. Origin of Fire</p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p>	<p>Q</p> <p>36. Fuel Tank-1 Filler Cap Location</p> <p>37. Fuel Tank-2 Filler Cap Location</p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p>
<p>32. Type of Fuel Tank-1</p> <p>1</p>	<p>1</p>
<p>33. Type of Fuel Tank-2</p>	<p>1</p>
<p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>	<p>1</p> <p>38. Fuel Tank-1 Damage</p> <p>39. Fuel Tank-2 Damage</p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>

40. Location of Fuel System-1 Leakage	1	44. Is This Vehicle Equipped With More Than Two Fuel Tanks?	0
41. Location of Fuel System-2 Leakage (0) No fuel tank (1) No fuel leakage	1	(0) No (one or two tanks only)	
<i>Primary Area Of Leakage</i>			
(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): (9) Unknown			
42. Fuel Type-1	02		
43. Fuel Type-2	02		
<p><i>Single Fuel Type</i></p> <p>(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): <i>Electric Powered or Electric/Solar Powered Vehicles</i> (10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify): (99) Unknown fuel type</p>			
COMMENTS			

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

94-22

3. Vehicle Number

02

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

02

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) _____

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H0

- (0) No door/gate/hatch
 - (1) Door/gate/hatch remained closed and operational
 - (2) Door/gate/hatch came open during collision
 - (3) Door/gate/hatch jammed shut
 - (8) Other (specify):
- (9) _____

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) _____

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 8 19. RR 8
20. BL 8 21. Roof 8 22. Other 8

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify):

(9) _____

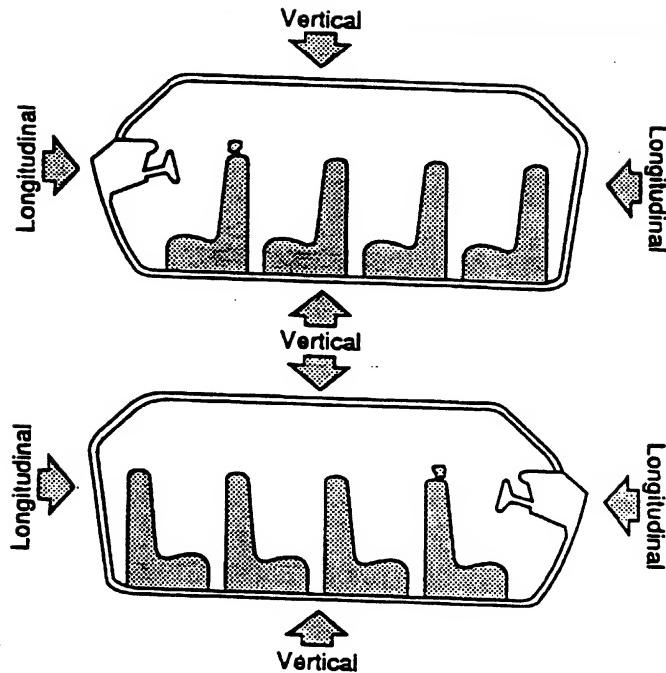
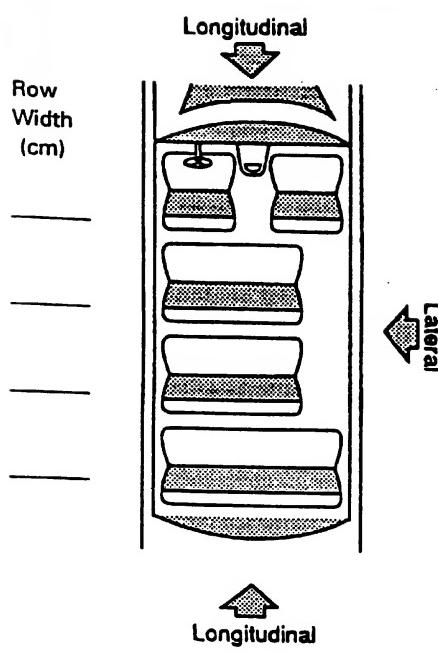
Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	-	INTRUDED VALUE	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	No intrusion	48. _____	49. _____
2nd	51. _____		52. _____	53. _____
3rd	55. _____		56. _____	57. _____
4th	59. _____		60. _____	61. _____
5th	63. _____		64. _____	65. _____
6th	67. _____		68. _____	69. _____
7th	71. _____		72. _____	73. _____
8th	75. _____		76. _____	77. _____
9th	79. _____		80. _____	81. _____
10th	83. _____		84. _____	85. _____
				86. _____

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

(97) Catastrophic

- (98) Other enclosed
area (specify)

Third Seat

- (31) Left
(32) Middle
(33) Right

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
(28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify):
(32) Other exterior object in the environment
(specify):
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s)
(specify):
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
(2) ≥ 8 centimeters but < 15 centimeters
(3) ≥ 15 centimeters but < 30 centimeters
(4) ≥ 30 centimeters but < 46 centimeters
(5) ≥ 46 centimeters but < 61 centimeters
(6) ≥ 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
—	—	—	=	—
—	—	—	=	—
—	—	—	=	—
—	—	—	=	—

STEERING COLUMN**87. Steering Column Type**

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

1**88. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X**89. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X**90. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X**91. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X**92. Steering Rim/Spoke Deformation**

Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

07**93. Location of Steering Rim/Spoke Deformation**

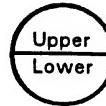
- (00) No steering rim deformation

02*Quarter Sections*

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke
 (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

**INSTRUMENT PANEL****94. Odometer Reading**123,000

kilometers—Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

_____ miles X 1.6093 = _____ kilometers

Source: _____

95. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

0**96. Knee Bolsters Deformed from Occupant Contact?**

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

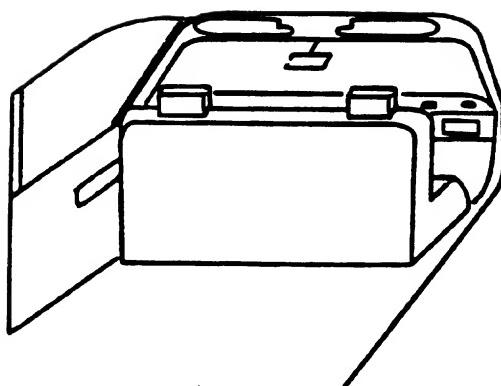
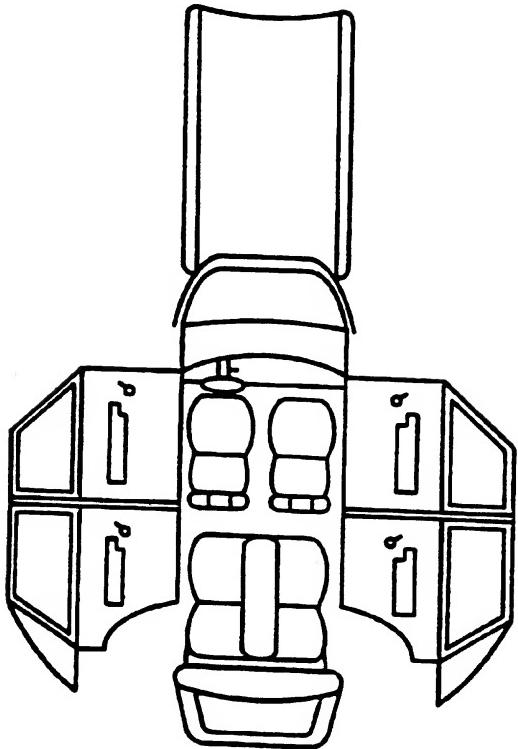
8**97. Did Glove Compartment Door Open During Collision(s)?**

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

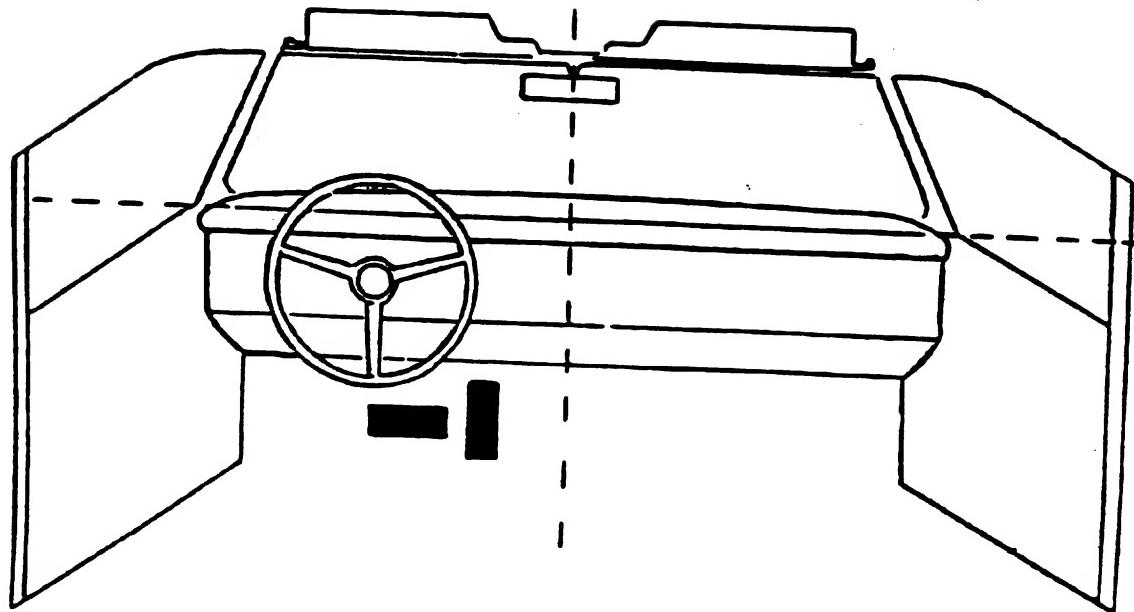
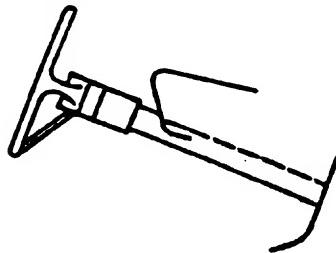
8

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



No contacts
observed



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
 (02) Mirror
 (03) Sunvisor
 (04) Steering wheel rim
 (05) Steering wheel hub/spoke
 (06) Steering wheel (combination of codes 04 and 05)
 (07) Steering column, transmission selector lever, other attachment
 (08) Add on equipment (e.g., CB, tape deck, air conditioner)
 (09) Left instrument panel and below
 (10) Center instrument panel and below
 (11) Right instrument panel and below
 (12) Glove compartment door
 (13) Knee bolster
 (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (16) Driver side air bag compartment cover
 (17) Passenger side air bag compartment cover
 (18) Windshield reinforced by exterior object (specify): _____
 (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
 (21) Left side hardware or armrest
 (22) Left A (A1/A2)-pillar

(23) Left B-pillar

(24) Other left pillar (specify): _____

(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

(27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
 (31) Right side hardware or armrest
 (32) Right A (A1/A2)-pillar
 (33) Right B-pillar
 (34) Other right pillar (specify): _____

(35) Right side window glass or frame

(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

(37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

- (40) Seat, back support
 (41) Belt restraint webbing/buckle
 (42) Belt restraint B-pillar attachment point
 (43) Other restraint system component (specify): _____
 (44) Head restraint system
 (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

(46) Other occupants (specify): _____

(47) Interior loose objects

(48) Child safety seat (specify): _____

(49) Other interior object (specify): _____

ROOF

- (50) Front header
 (51) Rear header
 (52) Roof left side rail
 (53) Roof right side rail
 (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
 (57) Floor or console mounted transmission lever, including console
 (58) Parking brake handle
 (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
 (61) Backlight storage rack, door, etc.
 (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F	Availability/Function		
I	Deployment		
R	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F	Availability/Function		
I	Use		
R	Type		
S	Proper Use		
T	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system

- (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	04		04
	Evidence of usage	04		00
	Used in this crash?	04		00
	Proper Use	/		00
	Failure Modes	/		0
S E C O N D	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
O T H E R	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt _____
- (03) Lap belt _____
- (04) Lap and shoulder belt _____
- (05) Belt used - type unknown _____
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat _____
- (13) Lap belt used with child safety seat _____
- (14) Lap and shoulder belt used with child safety seat _____
- (15) Belt used with child safety seat - type unknown _____
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used _____

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown _____

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number							
1. Type of Child Safety Seat							
2. Child Safety Seat Orientation							
3. Child Safety Seat Harness Usage							
4. Child Safety Seat Shield Usage							
5. Child Safety Seat Tether Usage							
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat						

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):
 (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):
 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):
 (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

- 4. Child Safety Seat Shield Usage
- 5. Child Safety Seat Tether Usage
 Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
 (Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	/		/
	Seat Type	0/		0/
	Seat Performance	/		/
	Seat Orientation	/		/
S E C O N D	Head Restraint Type/Damage	/		
	Seat Type			
	Seat Performance			
	Seat Orientation			
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify:

(9) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)
(99) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown	Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown
---	--	---	---	--	---

ENTRAPMENT No [] Yes []

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum 94-22
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 36
Code actual age at time of accident.

- (00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 759
Code actual height to the nearest centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position

Front Seat

- (11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat

- (21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat

- (31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown _____
18. Manual (Active) Belt System Use 0 4
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify):
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify):
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify):
 - (99) Unknown if belt used
19. Proper Use of Manual (Active) Belts 1
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 - (8) Other improper use of manual belt system (specify):
 - (9) Unknown _____
20. Manual (Active) Belt Failure Modes During Accident 1
- (0) No manual belt used
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify):
 - (6) Broken retractor
 - (7) Combination of above (specify):
 - (8) Other manual belt failure (specify):
 - (9) Unknown _____
21. Air Bag System Availability/Function 0
- (0) Not equipped/not available
 - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify):
 - (3) Air bag not reinstalled
 - (9) Unknown
22. Air Bag System Deployment 0
- (0) Not equipped/not available
 - (1) Air bag deployed during accident (as a result of impact)
 - (2) Air bag deployed inadvertently just prior to accident
 - (3) Air bag deployed, accident sequence undetermined
 - (4) Nondeployed
 - (5) Unknown if deployed
 - (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (9) Unknown
23. Are There Indications of Air Bag System Failure? 9
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify):
 - (9) Unknown _____
- Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
24. Police Reported Restraint Use 1
- (0) None used
 - (1) Police did not indicate restraint use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Other or automatic restraint (specify):
 - (8) Restrained, type unknown
 - (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

<p>28. Child Safety Seat Make/Model <u>CDO</u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u>OD</u> 32. Child Safety Seat Shield Usage <u>OZ</u> 33. Child Safety Seat Tether Usage <u>OJ</u></p> <p>Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat</p>
<p>29. Type of Child Safety Seat <u>O</u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	<p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
<p>30. Child Safety Seat Orientation <u>OJ</u> (00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost

- _____
Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

- _____
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death*00***41. 2nd Medically Reported Cause of Death***00***42. 3rd Medically Reported Cause of Death***02*

- _____
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant*01*

- _____
Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

 (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
 Vehicle inspection
 Official injury data
 Driver/occupant interview
 Other (specify): _____

 Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 02
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 01
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported , HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



U.S. Department of Transportation

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number 022. Case Number - Stratum 94-224. Occupant Number 01

INJURY DATA

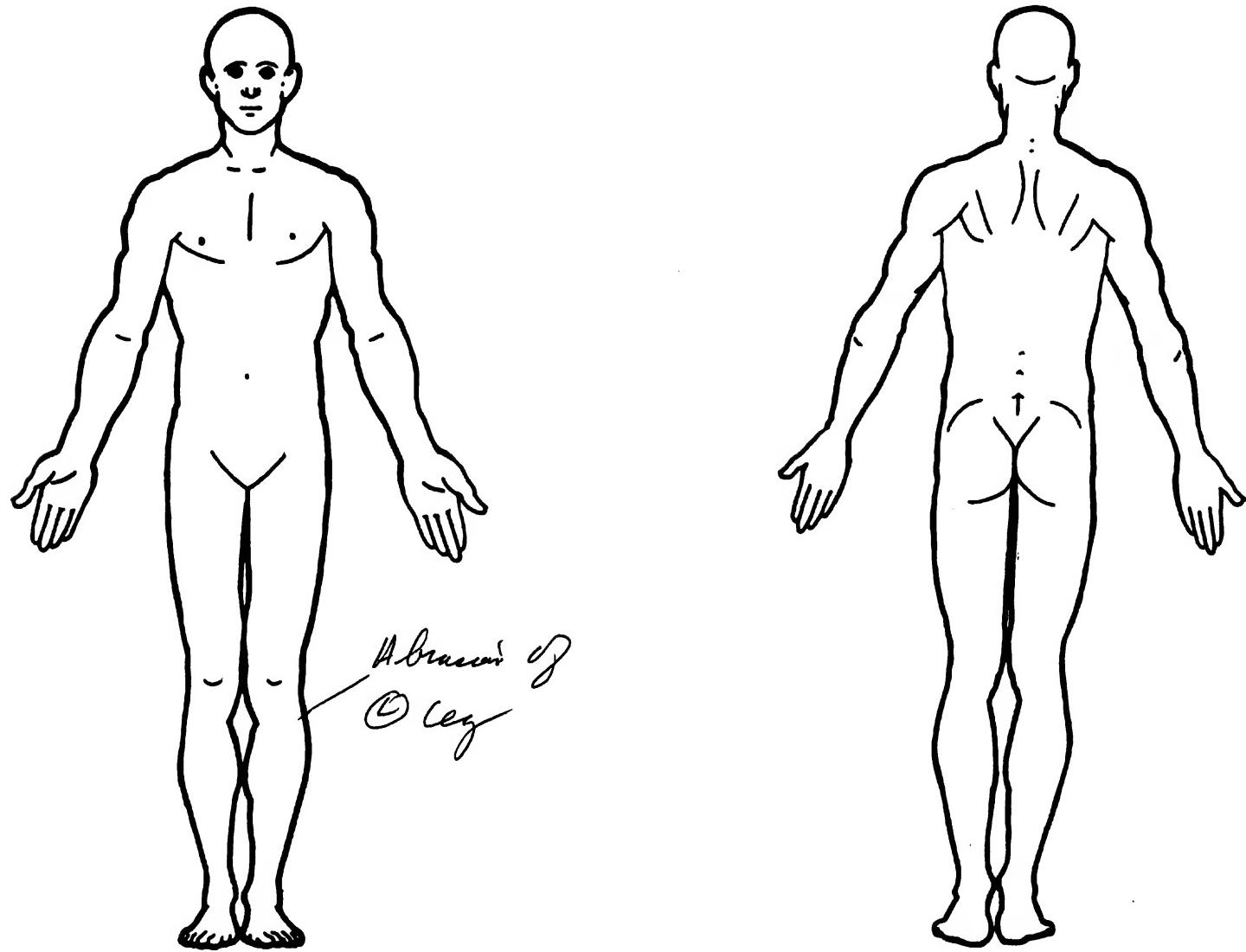
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence	Occupant Area
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect		
1st	5. <u>9</u>	6. <u>8</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>09</u>
13. <u>2</u>	14. <u>1</u>	15. <u>02</u>						
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>
24. <u> </u>	25. <u> </u>	26. <u> </u>						
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>
35. <u> </u>	36. <u> </u>	37. <u> </u>						
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>
46. <u> </u>	47. <u> </u>	48. <u> </u>						
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>
57. <u> </u>	58. <u> </u>	59. <u> </u>						
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>
68. <u> </u>	69. <u> </u>	70. <u> </u>						
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>
79. <u> </u>	80. <u> </u>	81. <u> </u>						
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>
90. <u> </u>	91. <u> </u>	92. <u> </u>						
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>
101. <u> </u>	102. <u> </u>	103. <u> </u>						
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>
112. <u> </u>	113. <u> </u>	114. <u> </u>						

OCCUPANT INJURY DATA

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA OFFICIAL (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic UNOFFICIAL (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police		(25) Left side window glass or frame (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. (27) Other left side object (specify): _____ (28) Left side window sill RIGHT SIDE (30) Right side interior surface, excluding hardware or armrests (31) Right side hardware or armrest (32) Right A (A1/A2)-pillar (33) Right B-pillar (34) Other right pillar (specify): _____ (35) Right side window glass or frame (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. (37) Other right side object (specify): _____ (38) Right side window sill INTERIOR (40) Seat, back support (41) Belt restraint webbing/buckle (42) Belt restraint B-pillar or door frame attachment point (43) Other restraint system component (specify): _____ (44) Head restraint system (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers) (46) Other occupants (specify): _____ (47) Interior loose objects (48) Child safety seat (specify): _____ (49) Other interior object (specify): _____ ROOF (50) Front header (51) Rear header (52) Roof left side rail (53) Roof right side rail (54) Roof or convertible top FLOOR (56) Floor (including toe pan) (57) Floor or console mounted transmission lever, including console (58) Parking brake handle (59) Foot controls including parking brake REAR (60) Backlight (rear window)																																																																																																																													
(61) Backlight storage rack, door, etc. (62) Other rear object (specify): _____ EXTERIOR of OCCUPANT'S VEHICLE (65) Hood (66) Outside hardware (e.g., outside mirror, antenna) (67) Other exterior surface or tires (specify): _____ (68) Unknown exterior objects EXTERIOR OF OTHER MOTOR VEHICLE (70) Front bumper (71) Hood edge (72) Other front of vehicle (specify): _____ (73) Hood (74) Hood ornament (75) Windshield, roof rail, A-pillar (76) Side surface (77) Side mirrors (78) Other side protrusions (specify): _____ (79) Rear surface (80) Undercarriage (81) Tires and wheels (82) Other exterior of other motor vehicle (specify): _____ (83) Unknown exterior of other motor vehicle OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (84) Ground (85) Other vehicle or object (specify): _____ (86) Unknown vehicle or object NONCONTACT INJURY (90) Fire in vehicle (91) Flying glass (92) Other noncontact injury source (specify): _____ (93) Air bag exhaust gases (97) Injured, unknown source																																																																																																																															
INJURY SOURCE CONFIDENCE LEVEL (1) Certain (2) Probable (3) Possible (9) Unknown																																																																																																																															
DIRECT/INDIRECT INJURY (1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source																																																																																																																															
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OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

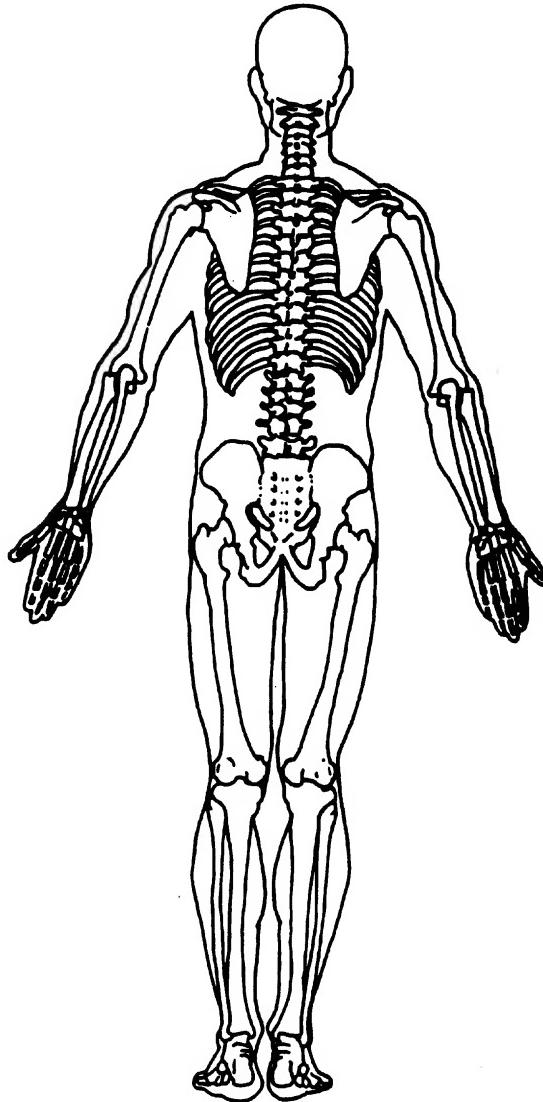
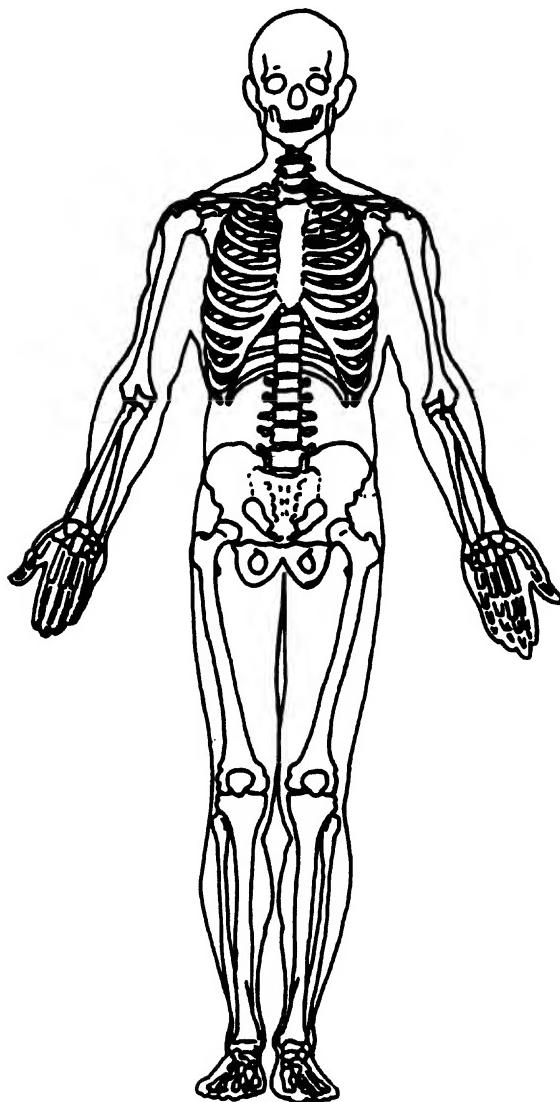
GCSS = _____

Units of Blood Given

Units = _____

Arterial Blood Gases

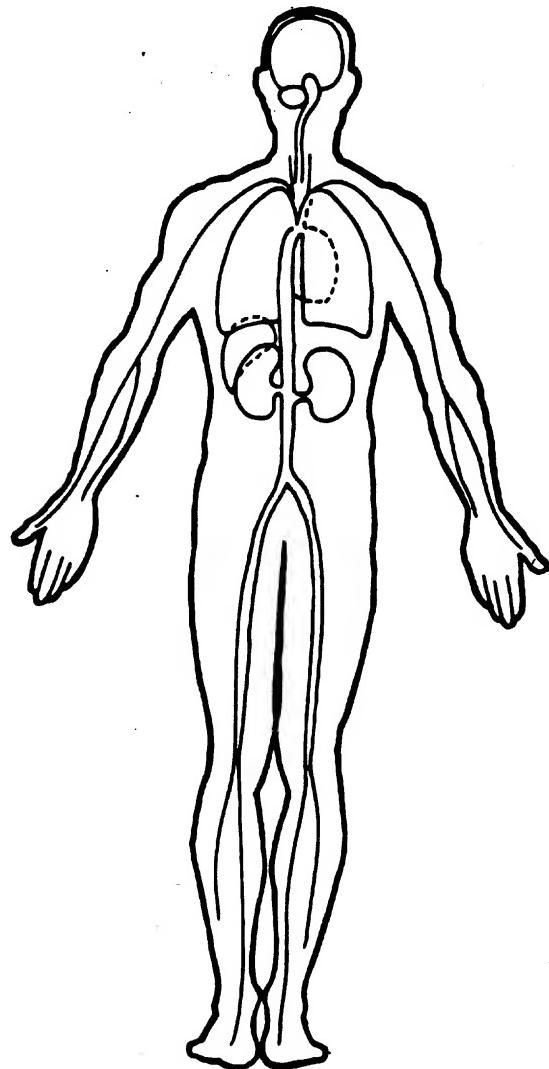
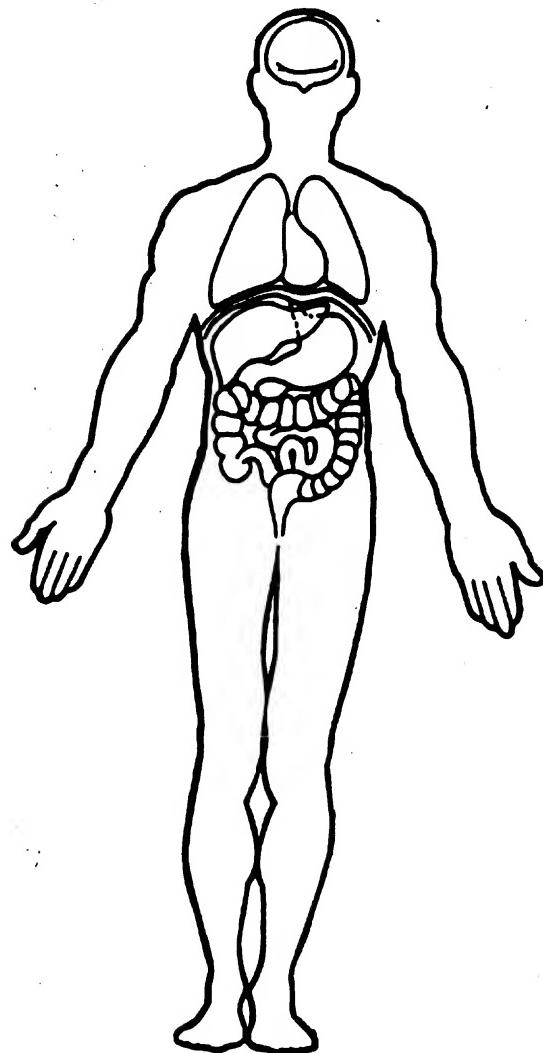
pH = ____.

PO₂ = _____PCO₂ _____HCO₃ _____

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

BEST AVAILABLE



State Department of Motor Vehicles
POLICE ACCIDENT REPORT

Page 1 of Pages

Local Codes [REDACTED]

DMV COPY

1	-	Accident Date Mo. Day / Year	Day of Week MON	Time 2:05 AM	No. of Vehicles 2	No. Injured 1	No. Killed 5	Non-Highway <input type="checkbox"/>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---------------------------------	--------------------	-----------------	----------------------	------------------	-----------------	---	---	--	--

VEHICLE 1

VEHICLE 2

BICYCLIST

PEDESTRIAN

19
20
21
22
23
24
25
26
27
28
29
30

2	-	Name — exactly as printed on license [REDACTED]					DMV USE	Name — exactly as printed on license [REDACTED]					DMV USE
X	-	Number and Street [REDACTED]						Number and Street [REDACTED]					
3	-	City		State		Zip Code		City		State		Zip Code	
1		Date of Birth Mo. / Day / Year	Sex M	Unlicensed <input type="checkbox"/>	No. of Occup. 5	Public Property Damaged <input type="checkbox"/>	State of License <input type="checkbox"/>	Date of Birth Mo. / Day / Year	Sex M	Unlicensed <input type="checkbox"/>	No. of Occup. <input type="checkbox"/>	Public Property Damaged <input type="checkbox"/>	State of License <input type="checkbox"/>

21
40
22
23
24
25
26
27
28
29
30

1	Name — exactly as printed on registration SAME AS ABOVE	Date of Birth Mo. / Day / Year	Name — exactly as printed on registration [REDACTED] Corp.	Date of Birth Mo. / Day / Year
---	--	-----------------------------------	---	-----------------------------------

23
3
24
7

4	1	Number and Street	Hazardous Material Code	Number and Street	Hazardous Material Code
---	---	-------------------	-------------------------	-------------------	-------------------------

23
3
24

1	City	State	Zip Code	City	State	Zip Code			
Plate Number	State of Reg.	Yr. & Vehicle Make Olds	Vehicle Type PAS	Ins. Code	Plate Number	State of Reg.	Yr. & Vehicle Make 1994 FRHT.	Vehicle Type TR.	Ins. Code

7

5	1	Check if involved vehicle: <input type="checkbox"/> is a commercial motor vehicle; <input type="checkbox"/> is more than 95 inches wide; <input type="checkbox"/> is more than 34 feet long; <input type="checkbox"/> was operated with an overweight permit; <input type="checkbox"/> was operated with an overdimension permit.	ACCIDENT DIAGRAM					Check if involved vehicle: <input checked="" type="checkbox"/> is a commercial motor vehicle; <input checked="" type="checkbox"/> is more than 95 inches wide; <input checked="" type="checkbox"/> is more than 34 feet long; <input type="checkbox"/> was operated with an overweight permit; <input type="checkbox"/> was operated with an overdimension permit.
6	1	VEHICLE 1 DAMAGE	Rear End	Left Turn	Right Angle	Right Turn	Head On	VEHICLE 2 DAMAGE
7	1	[REDACTED]	1.	3.	5.	6.	8.	[REDACTED]
Overtaking		Left Turn		Right Turn		Sideswipe		
2.		0.	4.	7.	8.			

1/1

9.	SEE ACCIDENT DIAGRAM
----	----------------------

26
1
27

MV_104S

1	No Damage <input type="checkbox"/>	Undercarriage <input type="checkbox"/>
---	---------------------------------------	---

1
28

1	Vehicle Towed By [REDACTED] To [REDACTED]
---	---

1
29

9.	Vehicle Towed By [REDACTED] To [REDACTED]
----	---

1
30

Reference Marker	DMV USE ONLY	County	<input type="checkbox"/> City	<input checked="" type="checkbox"/> Town	<input type="checkbox"/> Village
------------------	--------------	--------	-------------------------------	--	----------------------------------

1
31

9-5-2-0	5-3-0-1	1-1-0-1	Route No. and Street Name on [REDACTED]	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W of
---------	---------	---------	--	---	--	---

1
32

Ticket/Accident <input type="checkbox"/> Opr 1 <input type="checkbox"/> Opr 2	Ticket/Accident Number(s) Pedestrian Bicyclist	Violation Section(s)	<input type="checkbox"/> At Intersection with
---	--	----------------------	---

1
33

Accident Description/Officer's Notes	Vehicle #1 was traveling east bound on [REDACTED] Veh #2 was traveling west bound on [REDACTED]. Veh #1 went into the west bound lane where both vehicles collided. Witness: [REDACTED]
--------------------------------------	---

1
34

Veh #2 was hauling a 1985 GR.D. trailer, INS. Code 147, owned by: [REDACTED]
--

1
35

VEH #2 driver declined transportation to a Hospital and indicated he would seek his own transportation.

1
36

Names - If Deceased Give Date of Death											
A	1	1	1	1	35	m	12	-	1	9994	1405
B	1	3	5	1	7mo	m	12	-	1	9994	1405
C	1	6	1	1	8	m	12	-	1	9994	1405
D	1	4	2	1	3	m	12	-	2	9993	1413
E	1	5	2	1	6	m	12	-	2	9997	1422
F	2	1	-	1	36	m	11	12	6	-	-
G											
SIGN	Officer's Rank and Name					Badge No.	Department	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed

PEDESTRIAN/BICYCLIST LOCATION											
1. Pedestrian/Bicyclist at Intersection 2. Pedestrian/Bicyclist Not at Intersection											
PEDESTRIAN/BICYCLIST ACTION											
1. Crossing, With Signal 2. Crossing, Against Signal 3. Crossing, No Signal, Marked Crosswalk 4. Crossing, No Signal or Crosswalk 5. Riding/Walking Along Highway With Traffic 6. Riding/Walking Along Highway Against Traffic 7. Emerging from in Front of/Behind Parked Vehicle 8. Going To/From Stopped School Bus 9. Getting On/Off Vehicle Other Than School Bus 10. Pushing/Working On Car 11. Working in Roadway 12. Playing in Roadway 13. Other Actions in Roadway *14. Not in Roadway (Indicate)*											
TRAFFIC CONTROL											
1. None 2. Traffic Signal 3. Stop Sign 4. Flashing Light 5. Yield Sign 6. Officer/Guard 7. No Passing Zone 8. RR Crossing Sign 9. RR Crossing Flashing Lt.											
LIGHT CONDITIONS											
1. Daylight 2. Dawn 3. Dusk 4. Dark-Road Lighted 5. Dark-Road Unlighted											
Roadway Character											
1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest											
Roadway Surface Condition											
1. Dry 4. Snow/Ice 2. Wet 5. Slush 3. Muddy 0. Other *											
WEATHER											
1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 0. Other *											
WHICH VEHICLE OCCUPIED											
1. Vehicle No. 1 B. Bicyclist O. Other * 2. Vehicle No. 2 P. Pedestrian											
POSITION IN/ON VEHICLE											
1. Driver 2-7. Passengers 8. Riding/Hanging on Outside											
SAFETY EQUIPMENT USED											
1. None 2. Lap Belt 3. Harness 4. Lap Belt/Harness 5. Child Restraint Only 6. Helmet 7. Air Bag Only 8. Air Bag/Lap Belt 9. Air Bag/Harness A. Air Bag/Lap Belt/Harness B. Air Bag/Child Restraint 0. Other *											
EJECTION FROM VEHICLE											
1. Not Ejected 2. Partially Ejected 3. Ejected											
<table border="1"> <tr> <td>AGE</td> <td>SEX</td> <td>M / F</td> </tr> <tr> <td>11</td> <td>12</td> <td>13</td> </tr> <tr> <td>14</td> <td>15</td> <td>16</td> </tr> </table>			AGE	SEX	M / F	11	12	13	14	15	16
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11	12	13									
14	15	16									
<table border="1"> <tr> <td>INJURED TAKEN</td> </tr> <tr> <td>17 BY TO 18</td> </tr> </table>			INJURED TAKEN	17 BY TO 18							
INJURED TAKEN											
17 BY TO 18											

APPARENT CONTRIBUTING FACTORS																		
<p>HUMAN</p> 1. Crossing, With Signal 2. Crossing, Against Signal 3. Backing Unsafe 4. Driver Inattention (Indicate) *5. Driver Inexperience (Indicate) *6. Drugs (Illegal) 7. Failure to Yield Right-of-Way 8. Fell Asleep 9. Following Too Closely 10. Illness 11. Lost Consciousness 12. Passenger Distraction 13. Passing or Lane Usage Improper 14. Pedestrian's/Bicyclist's Error/ Confusion 15. Physical Disability 16. Prescription Medication 17. Traffic Control Disregarded 18. Turning Improperly 19. Unsafe Speed 20. Unsafe Lane Changing 40. Other Human *																		
VEHICULAR																		
41. Accelerator Defective 42. Brakes Defective 43. Headlights Defective 44. Other Lighting Defects 45. Oversized Vehicle 46. Steering Failure 47. Tire Failure/Inadequate 48. Tow Hitch Defective 49. Windshield Inadequate 60. Other Vehicular *																		
ENVIRONMENTAL																		
61. Animal's Action 62. Glare 63. Lane Marking Improper/ Inadequate 64. Obstruction/Debris 65. Pavement Defective 66. Pavement Slippery 67. Shoulders Defective/ Improper 68. Traffic Control Device Improper/Non-Working 69. View Obstructed/Limited 80. Other Environmental *																		
DIRECTION OF TRAVEL																		
PRE-ACCIDENT VEHICLE ACTION																		
1. Going Straight Ahead 2. Making Right Turn 16. Making Right Turn on Red 3. Making Left Turn 17. Making Left Turn on Red 4. Making U Turn 5. Starting from Parking 6. Starting in Traffic 7. Slowing or Stopping 8. Stopped in Traffic 9. Entering Parked Position 10. Parked 11. Avoiding Object in Roadway 12. Changing Lanes 13. Overtaking 14. Merging 15. Backing 20. Other *																		
LOCATION OF FIRST EVENT																		
1. On Roadway 2. Off Roadway																		
TYPE OF ACCIDENT																		
<p>COLLISION WITH</p> 1. Other Motor Vehicle 2. Pedestrian 3. Bicyclist 4. Animal 5. Railroad Train 10. Other Object (Not Fixed) * <p>COLLISION WITH FIXED OBJECT</p> 11. Light Support/Utility Pole 12. Guide Rail 13. Crash Cushion 14. Sign Post 15. Tree 16. Building/Wall 17. Curbing 18. Fence 19. Bridge Structure 20. Culvert/Head Wall 21. Median/Barrier 22. Snow Embankment 23. Earth Embankment/Rock Cut/Ditch 24. Fire Hydrant 30. Other Fixed Object * <p>NON-COLLISION</p> 31. Overturned 32. Fire/Explosion 33. Submersion 34. Ran Off Roadway Only 40. Other *																		
<p>First Event</p> <table border="1"> <tr> <td>Vehicle 1</td> <td>19</td> </tr> <tr> <td>Vehicle 1</td> <td>20</td> </tr> <tr> <td>Vehicle 2</td> <td>21</td> </tr> <tr> <td>Vehicle 2</td> <td>22</td> </tr> <tr> <td>Vehicle 1</td> <td>23</td> </tr> <tr> <td>Vehicle 2</td> <td>24</td> </tr> <tr> <td>Vehicle 1</td> <td>25</td> </tr> <tr> <td>Vehicle 2</td> <td>26</td> </tr> </table>			Vehicle 1	19	Vehicle 1	20	Vehicle 2	21	Vehicle 2	22	Vehicle 1	23	Vehicle 2	24	Vehicle 1	25	Vehicle 2	26
Vehicle 1	19																	
Vehicle 1	20																	
Vehicle 2	21																	
Vehicle 2	22																	
Vehicle 1	23																	
Vehicle 2	24																	
Vehicle 1	25																	
Vehicle 2	26																	
<p>SECOND EVENT</p> <table border="1"> <tr> <td>Vehicle 1</td> <td>27</td> </tr> <tr> <td>Vehicle 2</td> <td>28</td> </tr> <tr> <td>Vehicle 1</td> <td>29</td> </tr> <tr> <td>Vehicle 2</td> <td>30</td> </tr> </table>			Vehicle 1	27	Vehicle 2	28	Vehicle 1	29	Vehicle 2	30								
Vehicle 1	27																	
Vehicle 2	28																	
Vehicle 1	29																	
Vehicle 2	30																	
COVER SHEET																		
H																		

State Department of Motor Vehicles
**TRUCK and BUS SUPPLEMENTAL
 POLICE ACCIDENT REPORT**

DMV USE ONLY

Page 1 of 1 Pages

Local Codes

Amended Report

NUMBER OF QUALIFYING VEHICLES INVOLVED:		NUMBER OF VEHICLES:		DMV USE ONLY	
<input checked="" type="checkbox"/> 1	Trucks with 6 or more tires or a Haz Mat Placard.	<input type="checkbox"/> 2	Towed from scene due to damage		
<input type="checkbox"/>	Buses designed to carry 16 or more persons	<input type="checkbox"/>	Provided intervening assistance		
		NUMBER OF PERSONS:			
		<input type="checkbox"/> 5	Sustaining fatal injuries		
		<input type="checkbox"/>	Transported for IMMEDIATE medical treatment		
DATE OF ACCIDENT MO. DAY YEAR	TIME OF ACCIDENT (Military)	COUNTY	CITY/TOWN/VILLAGE		
94	1405hrs				
DRIVER License Number					
Name: _____		Date of Birth: MO. DAY YR.	58	SEX: m	
CARRIER'S NAME: _____		SOURCE			
		1 Vehicle side 2 Shipping papers 3 Driver	4 Other 5 Unknown		
STREET OR P.O. BOX		CITY	STATE	ZIP CODE	
CARRIER'S IDENTIFICATION NUMBERS		PLATE NUMBER:		STATE OF REG.	
US DOT	ICC MC	none			
GROSS VEHICLE WEIGHT RATING Truck/ Tractor 52000 lbs.		Total All Trailer(s) _____ lbs.	VEHICLE IDENTIFICATION NUMBER		
VEHICLE CONFIGURATION 0 4 tires With Haz Mat Placard 1 Bus 2 Single-unit truck: 2 axles, 6 tires 3 Single-unit truck: 3 or more axles 4 Truck/trailer		5 Tractor (no trailer) 6 Tractor/semi-trailer 7 Tractor/doubles 8 Tractor/triples 9 Unknown heavy truck	TRAFFIC WAY 1 Not physically divided (2-way trafficway) 2 Divided highway, median strip, without traffic barrier 3 Divided highway, median strip with traffic barrier 4 One-way trafficway		
CARGO BODY TYPE 1 Bus 2 Van/enclosed box 3 Cargo tank		4 Flatbed 5 Dump 6 Concrete mixer	7 Auto Transporter 8 Garbage/Refuse 9 Other	ACCESS CONTROL 1 No control (unlimited access) 2 Full control (only ramp entry and exit) 3 Other	
HAZARDOUS MATERIALS INVOLVEMENT Does vehicle have Haz Mat placard? 1 Yes 2 No		SEQUENCE OF EVENTS (FOR THIS VEHICLE)			
COPY FROM PLACARD: 4-digit identification number from diamond/orange panel		1 or 2-digit number from bottom of diamond: _____		NON-COLLISION: 01 Ran off road 02 Jackknife 03 Overturn/Rollover 04 Downhill runaway 05 Cargo loss or shift 06 Explosion or fire 07 Separation of units	COLLISION WITH: 08 Pedestrian 09 Motor vehicle in transport 10 Parked motor vehicle 11 Train 12 Pedalcycle 13 Animal 14 Fixed object 15 Other object*
NAME OF HAZ MAT CLASS: _____		(* Describe in Explanation Section) 16 Other* (non-collision)			
WAS HAZARDOUS CARGO RELEASED FROM VEHICLE? (Do not count fuel from fuel tank)		APPARENT DRIVER CONDITION 1 Appeared Normal 2 Had been drinking 3 Illegal drug use 4 Sick 5 Fatigue 6 Asleep 7 Medication 8 Unknown			
DMV USE ONLY					
EXPLANATION:					
OFFICER'S RANK AND NAME		BADGE NUMBER		DATE OF REPORT	
				94	

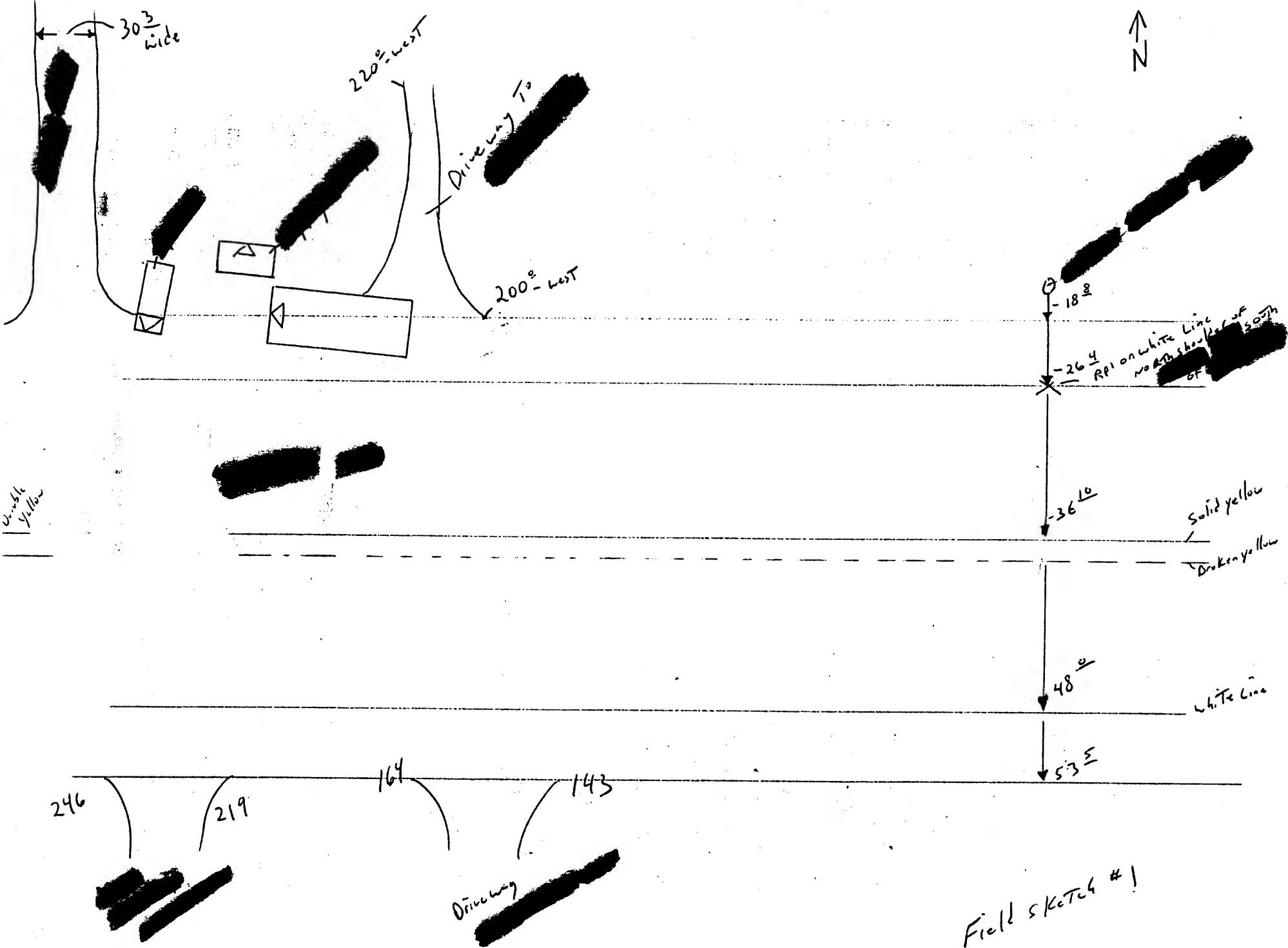
TOWN OF [REDACTED] POLICE DEPARTMENT-TRAFFIC ACCIDENT MEASUREMENTS

ACCIDENT TYPE MV - FATAL - 5	ACCIDENT DATE [REDACTED]	COMPLAINT NUMBER [REDACTED]
LOCATION: [REDACTED] + [REDACTED]	FIELD SKETCH DRAWN BY: [REDACTED]	
MEASUREMENTS TAKEN BY: [REDACTED]		

COORDINATE MEASUREMENT CHART

Page number 1 of 6.

	NORTH	SOUTH	EAST	WEST	DESCRIPTION
1		26 ⁴			R. P. - Scratches. Point on white line near shoulder of [REDACTED] # [REDACTED]
2		1		88 ¹¹	START OF SKID FROM TRAIL. P.S. R.R. IN pulled by [REDACTED]
3		5 ⁸		88 ¹¹	START OF SKID FROM TRAIL. D.S. R.R. IN pulled by [REDACTED]
4		6 ¹⁰		91	START OF SKID FROM TRAIL. D.S. R.R. OUT pulled by [REDACTED]
5		0		93 ⁹	START OF SKID FROM TRAIL. P.S. R.R. OUT pulled by [REDACTED]
6		6 ⁵		126 ⁶	START OF SKID FROM TRAIL. D.S. F.R. OUT pulled by [REDACTED]
7		5 ³		131 ⁶	START OF SKID FROM TRAIL. D.S. F.R. IN pulled by [REDACTED]
8		5		133 ²	START OF SKID FROM TRAIL. P.S. F.R. IN pulled by [REDACTED]
9	9			133 ²	START OF SKID FROM TRAIL. D.S. F.R. OUT pulled by [REDACTED]
10		9		168 ⁸	Gauge mark - Indentation.
11		3 ⁵		170 ⁰	START OF Gauge mark - Scrape #1
DATE MEASUREMENTS TAKEN: [REDACTED] / 94 -					Transcribed onto this form from originals on [REDACTED] - 94 ft



Field sketch #1

TOWN OF [REDACTED] POLICE DEPARTMENT-TRAFFIC ACCIDENT MEASUREMENTS

ACCIDENT TYPE MV - FATAL-5	ACCIDENT DATE [REDACTED] 94	COMPLAINT NUMBER [REDACTED]
LOCATION: [REDACTED] + [REDACTED]	FIELD SKETCH DRAWN BY: [REDACTED] [REDACTED]	
MEASUREMENTS TAKEN BY: [REDACTED] + [REDACTED]		

COORDINATE MEASUREMENT CHART

Page number 2 of 6.

	NORTH	SOUTH	EAST	WEST	DESCRIPTION
12 1		3 °		171 2	END OF Gouge Mark - Scrape - #1
13 2		2 4		170 7	START OF Gouge Mark - Scrape #2
14 2		2 °		172 9	END OF Gouge Mark Scrape #2
15		2		168 9	POINT OF IMPACT
16	4 2			217 7	Final Rest For [REDACTED] pulled by [REDACTED] P.S. RR,
17	5 °			221 5	Final Rest For Trl [REDACTED] pulled by [REDACTED] P.S. FR,
18	4 °			219 4	Final Rest For Trl [REDACTED] pulled by [REDACTED] D.S. RR,
19	3 2			223 2	Final Rest For Trl [REDACTED] pulled by [REDACTED]
20	5 10			250 2	Final Rest For [REDACTED] (Rear set of 8 Tires) P.S. R.F.
21	10 °			250 2	Final rest For [REDACTED] (Rear set of 8 Tires) P.S. F.F.
22	6 °			259 4	Final Rest For [REDACTED] (Rear set of 8 Tires) P.R. D.S. R.F.
DATE MEASUREMENTS TAKEN: [REDACTED] / 94					Trans. onto this form from originals on [REDACTED] 94-TR

TOWN OF ██████████ POLICE DEPARTMENT-TRAFFIC ACCIDENT MEASUREMENTS

ACCIDENT TYPE MV-FATAL-5	ACCIDENT DATE ██████████ 94	COMPLAINT NUMBER ██████████
LOCATION: ██████████	FIELD SKETCH DRAWN BY: ██████████	
MEASUREMENTS TAKEN BY: ██████████		

COORDINATE MEASUREMENT CHART

Page number 3 of 6.

	NORTH	SOUTH	EAST	WEST	DESCRIPTION
23	10 ⁻⁶			259 ⁰	Final Rest For ██████████ (Rear set of 8 Tires) D.S.F.F.
24	27 ⁰			250 ²	Final Rest For ██████████ Passenger side Tire
25	27 ⁰			259 ⁰	Final Rest For ██████████ Drivers side Tire
26	14 ²			309 ⁰	Final rest for ██████████ F.P.
27	21			305 ⁶	Final rest for ██████████ R.P.
28	10 ⁻⁹			303 ¹⁰	Final rest for ██████████ D.F.
29	18 ³			300	Final rest for ██████████ D.R.
30				336 ⁷	EAST shoulder of ██████████
DATE MEASUREMENTS TAKEN: ██████████ / 94				Trans. onto this form from originals 14-14-14 - tr	

TOWN OF [REDACTED] POLICE DEPARTMENT-TRAFFIC ACCIDENT MEASUREMENTS

ACCIDENT TYPE MV-FATAL-5	ACCIDENT DATE [REDACTED]/94	COMPLAINT NUMBER [REDACTED]
LOCATION: [REDACTED]	FIELD SKETCH DRAWN BY: [REDACTED]	
MEASUREMENTS TAKEN BY: [REDACTED]		

COORDINATE MEASUREMENT CHART

Page number 4 of 6.

	NORTH	SOUTH	EAST	WEST	DESCRIPTION
A				300°	CORNER OF [REDACTED] NE/corner - START
B				336 ¹	CORNER OF [REDACTED] NE/corner - END
C				392 ²	CORNER OF [REDACTED] NW/corner START
D				36 ¹	CORNER OF [REDACTED] NW/corner END
E	110°				SOUTH EDGE OF Driveway For sealing Devices - Driveway 1
F	127 ²				NORTH EDGE OF Driveway For sealing Devices - Driveway 1
G					SOUTH EDGE OF Driveway parking area - Driveway 2
G'	207°			73° From center of [REDACTED]	N/W corner of Island area
H	227°			53 ¹	S/E corner of Island in parking area
H ₁	227°			73° From center of Island	S/W corner of Island in parking area
H ₂	242°			73° From center of island.	N/W corner of Island in parking area.
DATE MEASUREMENTS TAKEN: [REDACTED]/94					

TOWN OF [REDACTED] POLICE DEPARTMENT-TRAFFIC ACCIDENT MEASUREMENTS

ACCIDENT TYPE MV - Fatal - 5	ACCIDENT DATE [REDACTED] / 94	COMPLAINT NUMBER [REDACTED]
LOCATION: [REDACTED] + WARD	FIELD SKETCH DRAWN BY: [REDACTED]	
MEASUREMENTS TAKEN BY: Ass't'd by [REDACTED]		

COORDINATE MEASUREMENT CHART

Page number 5 of 6.

	NORTH	SOUTH	EAST	WEST	DESCRIPTION
H3	242°			54°	N/E CORNER OF Island in parking lot
I	119°				S/E corner of Building A
J	207°				N/E cor of Building A
K	244°				S/E cor of Building B
L	347°			144° Front center	Entrance of Building B with Ashtray. [REDACTED] RD
M					[REDACTED] Police # [REDACTED]
				351°	Center of [REDACTED]
DATE MEASUREMENTS TAKEN: [REDACTED] / 94					

See reverse - rough field sketch #2 from p. 5 & p. 6

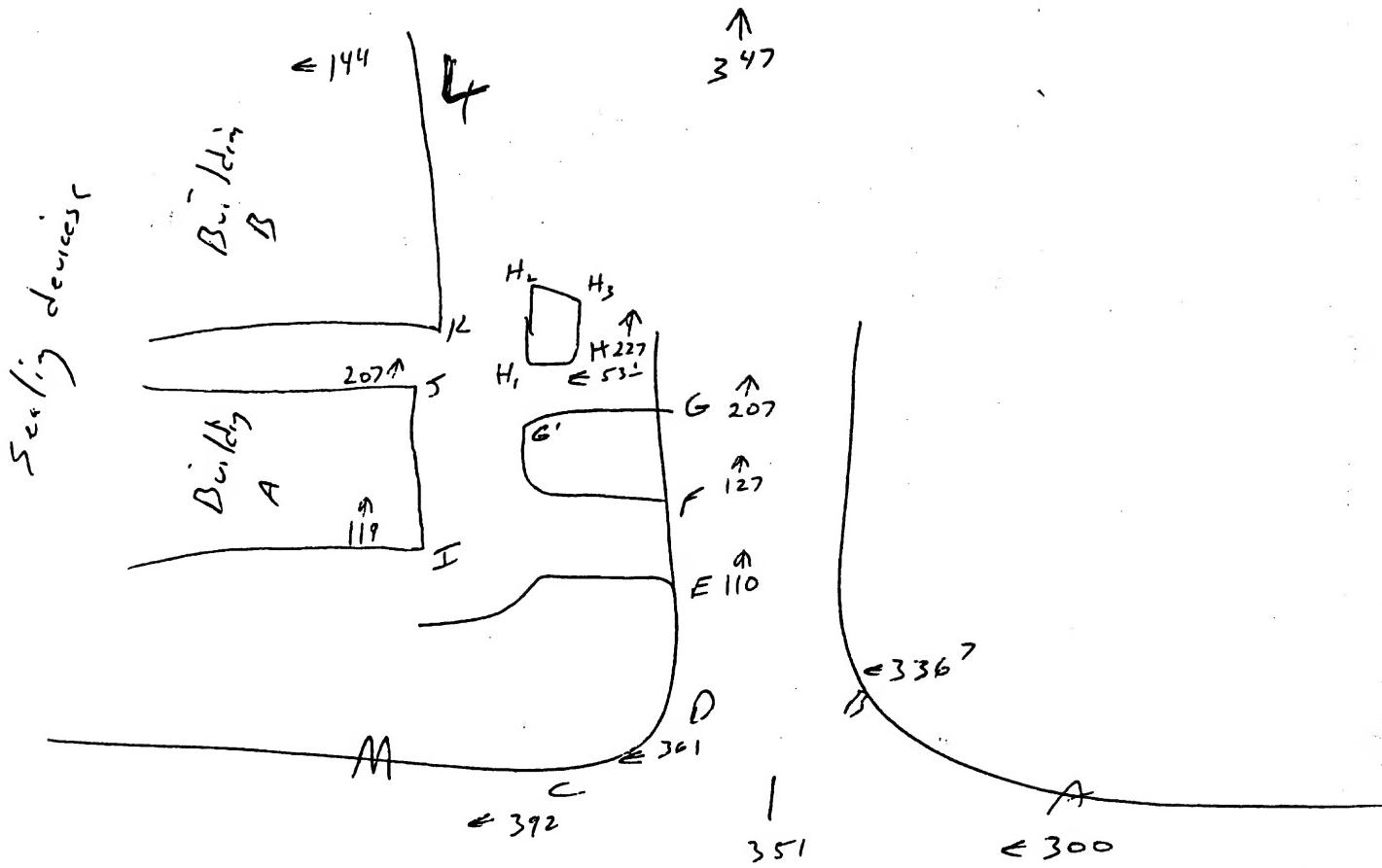
TOWN OF [REDACTED] POLICE DEPARTMENT-TRAFFIC ACCIDENT MEASUREMENTS

ACCIDENT TYPE	ACCIDENT DATE	COMPLAINT NUMBER
LOCATION:		FIELD SKETCH DRAWN BY:
MEASUREMENTS TAKEN BY:		

COORDINATE MEASUREMENT CHART

Page number 6 of 6.

	NORTH	SOUTH	EAST	WEST	DESCRIPTION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
DATE MEASUREMENTS TAKEN:					



POLICE REPORT

1. OFFENSE / OCCURRENCE (LCD, OFNS CODE)

FATAL MOTOR VEHICLE ACCIDENT

ATTEMPT (ATT) 2. MRD/LOC 3. COMPLAINT NUMBER (CNO)

4. DATE & TIME OCCURRED (DTO, TMO)

/94 1405 HOURS

5. DAY OF WEEK

MON

6. DATE & TIME REPORTED (DTR, TMR)

1405 HOURS

7. TRACT

8. BLOCK (GTB)

9. PLACE OF OCCURRENCE (ADO, MUN)

&

10. TYPE OF PREMISES (PRM, SUB)

PUBLIC HIGHWAY

11. LAST NAME (NAM)

12. FIRST NAME

13. INIT.

14. JR/SR

15. RACE (RAC)

16. SEX

17. DOB

AGE

18. APT. NO.

19. STREET NO. 20. STREET NAME (ADR)

21. CITY, TOWN OR VILLAGE (CIT)

22. STATE

23. ZIP

24. RESIDENCE PHONE (HPH)

25. BUSINESS PHONE (BPH)

26. OCCUPATION (OCC)

27. SOCIAL SECURITY (SOC)

28. NATURE & EXTENT OF INJURIES (INJ)

28A. RELATIONSHIP (REL)

29. LAST NAME (NAM)

30. FIRST NAME

31. INIT.

32. JR/SR

33. RACE (RAC)

34. SEX

35. DOB

AGE

36. APT. NO.

37. STREET NO. 38. STREET NAME (ADR)

39. CITY, TOWN (CIT)

40. STATE 41. ZIP

42. TELEPHONE RES. (HPH, BPH)

BUSINESS

43. SOCIAL SECURITY (SOC)

44. LAST NAME (NAM)

45. FIRST NAME

46. INIT.

47. JR/SR

48. RACE (RAC)

49. SEX

50. EST. AGE / D. O. B.

51. SCARS/M (SMT)

52. HGT

53. WGT.

54. HAIR (HAI)

55. EYE

56. BUILD (BLD)

57. COMPLEX (SKN)

58. CLOTHING

59. GLASSES (GLS)

60. JEWELRY (JWLT-A)

61. OTHER CHARACTERISTICS (OTHER-CHAR)

62. APT. NO.

63. STREET NO. 64. STREET NAME (ADR)

65. CITY, TOWN (CIT)

66. STATE 67. ZIP

68. TELEPHONE RES. (HPH, BPH)

BUSINESS

69. SOCIAL SECURITY (SOC)

70. HOW ATTACK (HAT)

71. MEANS OF ATTACK (MAT)

72. YEAR & MAKE (YVR, VMA)

73. MODEL (VMO)

74. BODY STYLE (VST)

75. COLOR (VCO)

76. LICENSE NO. (LIC)

77. STATE (LIS)

78. USED BY OR VIN.

79. NARRATIVE: List and describe property taken in full detail; Reconstruct crime; indicate exactly where evidence was taken from; list persons with access to property; indicate sobriety of victim; list witnesses and suspects; describe police action taken, etc.

FATAL MOTOR VEHICLE ACCIDENT

REFER

&

was the first officer to arrive on location.

entered the rear of the back seat and cut off the seat belt from

DOB and DOB The children were removed from the vehicle by

and were employed by

The above employees heard the accident and used their company fire extinguisher to put out the fire.

responded to scene and administered first aid.

transported to where he was

pronounced dead due to massive injuries.

was FLIGHTED to

STATUS	80. 3 CLOSED <input type="checkbox"/> 1, 8 CLEARED BY ARREST <input type="checkbox"/>	81. FOLLOW-UP (FUP)	82. (REF-TO)	1 BY DET <input type="checkbox"/> 3 JUV <input type="checkbox"/>	83. DATE & TIME OF REPORT
	2 EXCEPTIONALLY CLEARED <input type="checkbox"/> 2 NOT CLEARED <input type="checkbox"/> 2 UNFOUNDED <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		2 PATROL <input type="checkbox"/> 4 RECORDS <input type="checkbox"/>	

/94

84. REPORTING OFFICER (RPO)

85. I.D. NO. (ID#)

86. SUPPLEMENT REPORT (SUP-REQ)

87. SUPERVISOR (SPV)

88. TELETYPE NUMBER; DATE & TIME (TEL)

DEPARTMENT CENTRAL POLICE SERVICES.

BEST AVAILABLE

BEST AVAILABLE												
V I C T I M	89. LAST NAME (NAM)		90. FIRST NAME			91. INIT.	92. JR/SR	93. RACE (RAC)	94. SEX	95. DOB	AGE	96. APT. NO.
	97. STREET NO.		98. STREET NAME (ADR)		99. CITY, TOWN OR VILLAGE (CTY)			100. STATE	101. ZIP	102. RESIDENCE PHONE (HPH)	103. BUSINESS PHONE (BPH)	
S U B S P E R E C T T	104. OCCUPATION (OCC)		105. SOCIAL SECURITY (SOC)		106 NATURE & EXTENT OF INJURIES (INJ)					106A. RELATIONSHIP (REL)		
	107. LAST NAME (NAM)		108. FIRST NAME			109. INIT.	110. JR/SR	111. RACE (RAC)	112. SEX	113. DOB	AGE	
S T O L E N P R O P E R T Y	114. SCARS/M (SMT)		115. HGT	116. WGT	117. HAIR (HA)	118. EYE	119. BUILD (BLD)	120. COMPLEX (SKN)	121. CLOTHING	122. GLASSES (GLS)		125. APT. NO.
	123. JEWELRY (JWLT-A)		124. OTHER CHARACTERISTICS (OTHER-CHAR)									
	126. STREET NO.		127. STREET NAME (ADR)		128. CITY, TOWN (CTY)		129. STATE	130. ZIP	131. TELEPHONE RES. (HPH, BPH)	BUSINESS	132. SOCIAL SECURITY (SOC)	
133.	QUANTITY (NOB)	DESCRIPTION OF PROPERTY (DES)							SERIAL NUMBER (SER)	ESTIMATED VALUE (VAL)		CODE (OBJ)
S												
T												
O												
L												
E												
N												
P												
R												
O												
P												
E												
R												
T												
Y												
34. NARRATIVE - CONTINUED												

34. NARRATIVE - CONTINUED

Hospital with massive injuries. [REDACTED] died at 1905 hours, due to massive injuries.

Patrol contacted

[REDACTED] stated she witnessed the accident. [REDACTED] stated the Oldsmobile was traveling east bound on [REDACTED] and the tractor trailer truck was traveling west bound on [REDACTED]. [REDACTED] indicated the Oldsmobile went into west lane of traffic where the tractor trailer and car collided. [REDACTED] did not know why the oldsmobile crossed over into west bound lane of traffic. The witness states that she was shook up from the accident and requested to go home. [REDACTED] stated she will be available at a later time to come in and give a statement. Patrol talked to other motorist and office workers at accident scene and unable locate any more witnesses. Patrol took photos' of accident scene. [REDACTED] also took photos'.

[REDACTED] notified to respond to accident scene where patrol assisted same in accident investigation.

[REDACTED] responded to scene and pronounced

SUPPLEMENTARY POLICE REPORT

1. MRD/LOCATION

2. COMPLAINT

3. VICTIM OR COMPLAINANT

4. OFFENSE/OCCURRENCE

Fatal Motor Vehicle Accident

5. DATE & TIME OF REPORT

1405 Hours

6. INVESTIGATING OFFICERS ASSIGNED

7. TELETYPE NUMBER, DATE & TIME

8. NARRATIVE

CONTINUED:

the following people dead who were passengers in the 1993 Olds,

[REDACTED]: driver, [REDACTED] DOB [REDACTED], [REDACTED]

[REDACTED] front seat passenger in infant car seat, [REDACTED], DOB

[REDACTED], [REDACTED], and [REDACTED], rear passenger seat, DOB

[REDACTED], [REDACTED], [REDACTED] stated it appears the

victims died of massive injuries. The M.E.'s office transported the victims

to [REDACTED] [REDACTED] offered the assistance of their

tractor trailer unit. [REDACTED] responded to the scene. [REDACTED]

[REDACTED] checked the driver's log book. [REDACTED] DOB [REDACTED]

[REDACTED], [REDACTED] was the operator of a 1994 FRHT tractor [REDACTED]

which was hauling trailer [REDACTED]. [REDACTED] stated the log book was in

order. [REDACTED] impounded above tractor trailer and same was towed

to [REDACTED] for inspection by [REDACTED]. Patrol interviewed driver of

tractor trailer, [REDACTED] indicated he was traveling

eastbound on [REDACTED]. [REDACTED] indicated that the tan car crossed over

into his lane of traffic (westbound lane) where both vehicles collided. [REDACTED]

indicated that he tried to avoid the accident but was unable to do so. [REDACTED]

stated that he wasn't drinking prior to the accident. [REDACTED] indicated that

he was willing to take a alco-sensor test. The test was administered by [REDACTED]

[REDACTED] and the reading was .00 BAC. [REDACTED] performed

horizontal gaze test and Norman passed same.

[REDACTED] transportation manager for [REDACTED]

[REDACTED] telephone [REDACTED] responded to scene. [REDACTED]

indicated that [REDACTED] was a good employee and safe driver. [REDACTED] was

transported to the station by [REDACTED]. [REDACTED] took a statement from

9. REPORTING OFFICER

10. I. D. NUMBER

11. SUPERVISOR

12. PAGE NO.

13 S T O L E N P R O P E R T Y	QUANTITY	DESCRIPTION OF PROPERTY	SERIAL NUMBER	ESTIMATED VALUE	CODE

[REDACTED] declined transportation to a hospital for his leg injury.

14. NARRATIVE - CONTINUED.

[REDACTED] stated he will transport [REDACTED] to [REDACTED] to get treatment for his injured leg. Photo copy was made of [REDACTED] log book and placed in Case History. Various owner's manual papers, one child's glove, one pair of sunglasses and [REDACTED] [REDACTED] license were found at accident scene and locked up in evidence locker #1. [REDACTED] removed bodies of driver [REDACTED], and rear passenger [REDACTED] [REDACTED] and indicated it appeared that they were not wearing seat belts. [REDACTED] vehicle was impounded and towed to rear of station. Vehicle will be inspected at a later date. Truck Supplemental report and accident report will be completed on [REDACTED] by [REDACTED]

SUPPLEMENTARY POLICE REPORT

1. MRD/LOCATION [REDACTED]

2. COMPLAINT NO. [REDACTED]

3. VICTIM OR COMPLAINANT [REDACTED]

4. OFFENSE/OCCURRENCE

FATAL MVA

5. DATE & TIME OF REPORT

1405HRS

6. INVESTIGATING OFFICERS ASSIGNED [REDACTED]

7. TELETYPE NUMBER; DATE & TIME

8. NARRATIVE

0830hrs.

[REDACTED] came to the station and

[REDACTED]
gave a statement taken by this reporter. Also had [REDACTED] of [REDACTED]
brought to station and had him give me a statement. They were the first on the
scene.

1600hrs. [REDACTED] and [REDACTED] came to the station and gave me
a statement as to what they saw. They are employed at [REDACTED]
[REDACTED]

[REDACTED]
1000hrs. [REDACTED] came to the station and gave me a second
statement.

1048hrs. [REDACTED] semi driver came to station and also gave me a second
statement.

1125hrs. [REDACTED] also came in for another statement.

9. REPORTING OFFICER [REDACTED]

10. I. D. NUMBER [REDACTED]

11. SUPERVISOR [REDACTED]

12. PAGE NO. [REDACTED]

DEPARTMENT CENTRAL POLICE SERVICES [REDACTED]

BEST AVAILABLE

SUPPLEMENTARY POLICE REPORT

1. MRD LOCATION

2. COMPLAINT NO.

3. VICTIM OR COMPLAINANT

4. OFFENSE/OCCURRENCE

FATAL MVA

5. DATE & TIME OF REPORT

1405 HRS

6. INVESTIGATING OFFICERS ASSIGNED

7. TELETYPE NUMBER, DATE & TIME

8. NARRATIVE

At the request of [REDACTED], I responded to the accident scene
and took photographs and assisted investigating officers.

[REDACTED] lines for narrative

9. REPORTING OFFICER

10. I. D. NO.

11. SUPERVISOR

12. PAGE NO.

DEPARTMENT CENTRAL POLICE SERVICES

TRIPPLICATE

14. NARRATIVE - CONTINUED.

005 Hrs. [REDACTED] called to state that [REDACTED] had expired. Witness [REDACTED] came to the station and provided a full statement as to what she served. [REDACTED] stated that she was directly behind victim's vehicle and doesn't think victim was trying to pass anyone or avoid a vehicle pulling to [REDACTED] in [REDACTED] 5 hrs. I spoke with [REDACTED]. I inquired as to his company conducting test on [REDACTED] [REDACTED] stated a drug test will be sought from [REDACTED] on [REDACTED] 94.

SUPPLEMENTARY POLICE REPORT

1. MRD/LOCATION [REDACTED]

2. COMMUNICAT. NO. [REDACTED]

3. VICTIM OR COMPLAINANT [REDACTED]

4. OFFENSE/OCCURRENCE

FATAL MVA

5. DATE & TIME OF REPORT

6. INVESTIGATING OFFICER(S) ASSIGNED [REDACTED]

7. TELETYPE NUMBER & TIME [REDACTED]

c. NARRATIVE
I was called to the scene of a multiple MVA with fatalities at approximately 1415 hrs. Upon arrival I was briefed by [REDACTED] regarding what had transpired. Investigation was being conducted by [REDACTED]. Myself and [REDACTED] assisted. Accident reports and police report is being handled by [REDACTED]. Accident scene measurements and diagram will be done by myself. [REDACTED] and [REDACTED] assisted with measurements. [REDACTED] and [REDACTED] also assisted. [REDACTED] will conduct mechanical safety inspection of [REDACTED]. [REDACTED] will conduct inspection on [REDACTED] during dayshift and will respond to this department with his findings. Tractor trailer was towed to by [REDACTED] for impoundment by request of [REDACTED]. Three pages of traffic accident measurements were taken and a rough field sketch is on back of page 1. Diagram will be completed at a later date. [REDACTED] was towed by [REDACTED] to the rear of the station. Photo's of scene were taken by [REDACTED] and [REDACTED] conducted interviews with area businesses. No eyewitnesses were found. See Officer [REDACTED] supplement report.

ATTENTION [REDACTED] could you have someone follow up on the note of a [REDACTED] truck leaving the area of the accident as eluded to on [REDACTED] report. Driver [REDACTED] was interviewed by [REDACTED] after being evaluated at the scene by me. Field sobriety tests showed no signs of alcoholic beverage consumption along with a .00 BAC Alco sensor reading. [REDACTED] obtained a deposition from [REDACTED] at the station. I was able to contact [REDACTED] after clearing the accident scene. [REDACTED] stated they would keep us informed of Lukes status. [REDACTED] hospital stated victim's mother couldn't provide any information as to where victims were going.

9. REPORTING OFFICER [REDACTED]

NUMBER [REDACTED]

11. SUPERVISOR [REDACTED]

12. PAGE NO. [REDACTED]

DEPARTMENT CENTRAL POLICE SERVICES

SUPPLEMENTARY POLICE REPORT

SUPPLEMENTARY POLICE REPORT		1. MRD/LOCATION	2. COMPLAINT NO.
3. VICTIM/MD/COMP		4. OFFENDER/OCCURRENCE	
5. DATE & TIME OF REPORT 1405 HRS.		6. INVESTIGATING OFFICERS ASSIGNED OLEXST	7. TELETYPE NUMBER, DATE & TIME
8. REMARKS 6-1545-195			

telephoned headquarters

to inquire about giving a statement as a witness to the accident.

had telephoned the ██████████ this AM and spoke to

called to ask when he could speak to someone. Arrangements were made for him

to respond to our station on [REDACTED] @ 0830 Hrs.

When asked why he did not come forward at the scene, he stated he was too upset to speak to anyone.

9. REPORTING OFFICER _____ 10. NUMBER _____ 11. SUPERVISOR _____ 12. PAGE NO. _____

BEST AVAILABLE

SUPPLEMENTARY POLICE REPORT

1. MRD/LOCATION

2. NO.

3. VICTIM / COMPLAINANT

4. OFFICER IN CHARGE

5. DATE & TIME OF REPORT

6/30 PM

6. INVESTIGATOR / OFFICERS ASSIGNED

7. TELETYPE NUMBER; DATE & TIME

8. NARRATIVE

[REDACTED] barracks notified same by phone and indicated he had the name of a witness. [REDACTED] Ave., [REDACTED] Telephone [REDACTED], maintenance man, for Sealing devices. (work [REDACTED]) He told the trooper that he witnessed the accident. Patrol was unable to contact new witness and conduct a investigation at accident scene, in order to locate any more witnesses. Captain [REDACTED] notified and will follow up on same on [REDACTED] 94. Trooper [REDACTED] responded to station and he stated that there were no mechanical defects on the tractor trailer, except what was caused as a result of the accident. Trooper [REDACTED] will finish up his report and drop same off at the station. Trooper [REDACTED] stated the width of the tractor was 45 Ft. and length of trailer was 96 Ft. Vehicle accident report and [REDACTED] completed.

9. REPORTING OFFICER

NUMBER

11. SUPERVISOR

12. PAGE NO.

DEPARTMENT CENTRAL POLICE SERVICES

BEST AVAILABLE

SUPPLEMENTARY POLICE REPORT

1. MRD/LOCATION

2.

NO.

3. DATE OF COMM.

4. OFFICER OCCURRING

5. DATE OF REPORT
94 1000 AM.

6. INVESTIGATING OFFICERS ASSIGNED

7. TELETYPE NUMBER; DATE & TIME

8. NARRATIVE Patrol contacted [REDACTED], Telephone [REDACTED] supervisor from [REDACTED]
[REDACTED] stated [REDACTED] was the employer making the dumpster pick up at [REDACTED] Ave. at the time of the accident. [REDACTED] stated that [REDACTED] told him that he witnessed the accident and the car was on fire and to call the police. [REDACTED] was asked why [REDACTED] did not stay at accident scene to talk to the police and [REDACTED] had no reply. [REDACTED] resides at [REDACTED] Telephone [REDACTED] indicated that [REDACTED] is currently working and he will contact him and have him come to our station to be interviewed. At 10:45 AM [REDACTED] called the station. [REDACTED] indicated that he just picked up a load of garbage at [REDACTED] Ave. [REDACTED] stated he drove his truck to the entrance to [REDACTED] Ave. and was waiting to make a right turn onto [REDACTED] Ave. [REDACTED] indicated his next pick up was at the [REDACTED] Corrections Facility. [REDACTED] indicated that he saw the truck strike the car and he was under the impression the car came from [REDACTED] Road. At this time I requested that [REDACTED] come down to the station and give a statement. [REDACTED] stated that when he is done with work at approximately 5:30 PM. he will respond to our station and give a statement.

Det. [REDACTED] took a statement from [REDACTED] at 1240 Hrs., [REDACTED] 94.

9. WRITING OFFICER

10. I. D. NUMBER

11. SUPERVISOR

12. PAGE NO.

DEPARTMENT CENTRAL POLICE SERVICES

BEST AVAILABLE

SUPPLEMENTARY POLICE REPORT

1. MRD. NO.

2. NO.

3. VICTIM OR COMPLAINANT

4. OFFENSE OCCURRED

Fatal MVA

5. DATE & TIME OF REPORT

6. INVESTIGATING OFFICER SIGNED

7. TELETYPE NUMBER, DATE & TIME

8. NARRATIVE
@ 1400

Interviewed and took Statement from [REDACTED] driver [REDACTED] as requested by Officer [REDACTED]. Statement was witnessed by [REDACTED] of [REDACTED]. In essence [REDACTED] stated he was leaving the [REDACTED] Company on [REDACTED] after picking-up trash there. Before he was able to exit the driveway he had to wait for oncoming traffic in both directions. As he was looking at westbound traffic, he heard the collision between the vehicles. After seeing the collision he contacted his dispatch via radio to report the accident. [REDACTED] then left the area to continue his regular route as he had seen that help had begun to arrive, and thought he would be of no use to the investigation because he did not actually see the impact.

Statement was reviewed by Officer [REDACTED] and referred to the Case History.

9. REPORTING OFFICER

NUMBER

11. SUPERVISOR

12. PAGE NO.

DEPARTMENT CENTRAL POLICE SERVICES

BEST AVAILABLE

SUPPLEMENTARY POLICE REPORT

1. MRD/LIC/N

2. CO

3. VICTIM OR COMPLAINANT

4. OFFENSE/OCCURRENCE

FATAL ACCIDENT

5. DATE & TIME OF REPORT

7/94 1900 hours

6. INVESTIGATING OFFICERS ASSIGNED

7. TELETYPE NUMBER, DATE & TIME

8. NARRATIVE

Responded to scene of Fatal Accident on [REDACTED] Avenue. Checked the following businesses for anyone who might have witnessed the accident. Spoke with [REDACTED] of [REDACTED], INC. who reports none of his employee's saw the accident. [REDACTED] of [REDACTED] & [REDACTED] also stated none of their employees witnessed the accident. Patrol also spoke with [REDACTED] & [REDACTED] of [REDACTED]. They stated they didn't see the accident but did hear it. They also informed me that minutes prior to the accident a [REDACTED] garbage truck had emptied their dumpster and was backing out onto [REDACTED] Ave. Upon hearing the crash, they went outside but the garbage truck was already gone. Patrol stayed at the scene and assisted [REDACTED] and Officer [REDACTED] with the accident investigation. Photo's taken of scene, film was turned over to Detective [REDACTED].

CASE HISTORY

9. REPORTING OFFICER

10. I.D. NUMBER

11. SUPERVISOR

12. PAGE NO.

DEPARTMENT CENTRAL POLICE SERVICES

TRIPPLICATE

SUPPLEMENTARY POLICE REPORT

3. VICTIM OR COMPLAINANT [REDACTED]	4. OFFENSE/OCCURRENCE Fatal MVA	1. MRD/ [REDACTED] ON [REDACTED]	2. C. [REDACTED] O. [REDACTED]
5. DATE & TIME OF REPORT [REDACTED] @ 1405	6. INVESTIGATING OFFICERS ASSIGNED [REDACTED]	7. TELETYPE NUMBER; DATE & TIME [REDACTED]	
NARRATIVE [REDACTED] @ 2100		[REDACTED]	

Took initial deposition from truck driver [REDACTED] two copies were obtained and placed in the case history.

Received film from Captain [REDACTED] and referred same to [REDACTED] for processing. prints were returned to the station to be marked by the Captain.

Received film from the camera in car [REDACTED] from Officer [REDACTED] this was referred to Det. [REDACTED].

9. REPORTING OFFICER [REDACTED]	10. NUMBER [REDACTED]	11. SUPERVISOR [REDACTED]	12. PAGE NO. [REDACTED]
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DEPARTMENT CENTRAL POLICE SERVICES

SUPPLEMENTARY POLICE REPORT

3. VICTIM OR COMPLAINANT	4. OFFENSE/OCCURRENCE FATAL MVA	1. MRD/LOCATION	2. NO.
5. DATE & TIME OF REPORT	CASE HISTORY	& TIME	
8. NARRATIVE Upon arrival at scene of reported MVA found [REDACTED] on the north side shoulder of [REDACTED] Ave. at [REDACTED] Road. Vehicle was heavily damaged. Observed a young child pinned between the rear door and door post on the passenger side of the vehicle, partially ejected. Child showed no signs of life. Next the driver was checked, an adult white male, he too showed no sign of life. In the back seat 2 additional children were seated. Both were checked and showed signs of life. Both seat belts were cut and the center child was removed from the vehicle. The child seated behind the driver was also removed from the vehicle. Both were administered [REDACTED] to and transported to area hospitals.			
9. REPORTING DIVISION	10. D. NUMBER	11. [REDACTED]	12. PAGE NO.
DEPARTMENT 45 CENTRAL POLICE SERVICES			

SUPPORTING DEPOSITION
(SECTION [REDACTED])

TOWN COURT
STATE OF [REDACTED]
COUNTY OF [REDACTED]
TOWN OF [REDACTED]

THE PEOPLE OF THE STATE OF [REDACTED]
-VS-

(defendant)

I, [REDACTED] as and for a Supporting Deposition in connection with an information filed, or to be filed with this Court against the above named defendant, do hereby make the following allegations of fact:

I am employed by [REDACTED] News Press of [REDACTED] in [REDACTED]. and am 36 years old. On Monday [REDACTED] 1994 at about 2:00 PM I was involved in an automobile accident. I was heading westbound on [REDACTED] Avenue near [REDACTED] Road. A vehicle was coming eastbound in my lane trying to pass another car that was also eastbound. I can't recall a make or a type of vehicle. I know it was brown. Everything happened so fast. I was driving a company tractor trailer at about 45 miles per hour and the vehicle just came at me. I tried to wrench my wheel to the right to go into the ditch, and tried to stop my rig. Before I was able to get the truck over the vehicle hit the cab of my truck head-on. There was nothing I could do. I tried to get my truck out of his way but couldn't do it fast enough, it seemed like he was going awful fast. I couldn't judge his speed because he was just there and I tried to get out of his way.

There was nothing I could do. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
SUBSCRIBED AND VERIFIED BY [REDACTED]

NOTE: FALSE STATEMENT MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR TO SECTION [REDACTED] OF THE [REDACTED]

STATEMENT

DEPARTMENT OF POLICE

TOWN OF [REDACTED]

I, [REDACTED] having been advised of my rights by Capt. [REDACTED] understand that I have a right to remain silent; that anything I might tell him may be used against me in a Court of law; that I have a right to have an attorney present with me during any questioning now or in the future, and if I cannot afford my own attorney, one will be furnished to me and that I can stop answering his questions at any time that I desire. I am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

Signed [REDACTED]

Witness _____

This statement is taken at [REDACTED] Town Police Headquarters, [REDACTED] Road, [REDACTED] at 10:48 on the [REDACTED] day of [REDACTED] 1994 by Interrogating Officer: Capt. [REDACTED]

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED] St. [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. Employed
5. Q. If so, where? A. [REDACTED] News press
6. Q. Are you single or married? A. Married
7. Q. You stated that the car that hit you swerved into your lane. Do you have any idea how close this car was to you when he swerved. A. I saw a car coming towards me eastbound and just when it got next to me the car behind him darted into my path. It was just a few feet. I tried to wrench my truck to the right but before I could get it turned we connected.
8. Q. Could the car that hit you have been avoiding a vehicle pulling out of a drive to your left. A. I never seen a driveway to the left, an animal a vehicle or anything.
9. Q. Did you notice as you were approaching the accident scene, a garbage truck leaving a driveway to the left. A. No.
10. Q. What action did you take immediately after the crash. A. I was stunned at first and then called for help on my CB channel 9. No one responded. Someone came to the truck and asked if I had a fire extinguisher. I gave him the one I had in the cab. I did not get out of the truck right away.
11. Q. Are you positive the car was trying to pass a vehicle or could the car you seen have been right behind the car that hit you. A. As far as I know he was passing a car.
12. Q. Is there anything else you would like to add. A. No.

DATE [REDACTED] - 94

SIGNATURE [REDACTED]

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO
[REDACTED] OF THE PENAL LAW

STATEMENT

DEPARTMENT OF POLICE

TOWN OF [REDACTED]

I, [REDACTED] having been advised of my rights by Capt. [REDACTED] understand that I have a right to remain silent; that anything I might tell him may be used against me in a Court of law; that I have a right to have an attorney present with me during any questioning now or in the future, and if I cannot afford my own attorney, one will be furnished to me and that I can stop answering his questions at any time that I desire. I am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

Signed [REDACTED]

Witness [REDACTED]

This statement is taken at [REDACTED] Town Police Headquarters, [REDACTED] Road, [REDACTED] at 18:08 on the [REDACTED] day of [REDACTED] 1994 by Interrogating Officer: Capt. [REDACTED]

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. Employed
5. Q. If so, where? A. [REDACTED] Ave. [REDACTED]
6. Q. Are you single or married? A. Married
7. Q. Were you at an accident scene on [REDACTED] Ave. on [REDACTED] '94 at about 2:05PM
A. Yes
8. Q. Tell me what you saw and/or did at that scene. A. I was working in the rear shop area at [REDACTED] Ave. when the secretary [REDACTED] came into shop yelling to get the fire extinguishers as there was an accident in front of the building and the car was on fire. I grabbed an extinguisher and along with [REDACTED] ran outside up the driveway and across the street to where there was a car which was burning in the engine compartment area. I sprayed the extinguisher into the engine until it was empty, [REDACTED] was on my left spraying his extinguisher and someone else was on my right also spraying an extinguisher. After we put out the fire I looked into the car on the passenger side and saw what was a young boy partially out the window with a lot of blood on his head and arm. I also saw the driver who appeared dead at this time. I then looked but couldn't see anyone else in the car.
9. Q. Did you check on the condition of the truck driver. A. I thought it was the truck driver who was wearing a blue jacket and possibly a white cap that was helping spray the car. I also noticed the truck door was open, so I didn't actually go look into the truck. I then went back across the street and stayed there during most of the rescue work being done.
10. Q. When you ran out of the driveway did you see the BFI garbage truck anywhere. A. No
11. Q. Did you know if the [REDACTED] truck was there making a pickup at your place of business.
A. Yes, because I heard it dumping earlier. [REDACTED] had mentioned it to me as we had more garbage that had to be taken out later. I never actually seen the truck, just heard same.
12. Q. Did you hear the accident crash when it happened. A. No
13. Q. Is it possible that the garbage truck was still in your driveway when you were running out there. A. Yes, because I wasn't thinking about anything but getting to the car on fire.
14. Q. Did you notice any other vehicles when you ran out. A. Just as I was going to cross [REDACTED] I looked to my right and saw a car parked on the right shoulder of the road. I also saw the Semi when I was running to the car.
15. Q. Do you know whose car was parked on the road to the right of the drive. A. Later [REDACTED]

continued

page 2

on I talked to a girl who said the car was hers and she was driving behind the car that crashed. I asked her what happened and she said all of a sudden he swerved into the other lane as though he was avoiding something. I asked her if it looked like he was trying to pass someone and she said no there was no time as the oncoming truck was right there.

16. Q. Did this girl mention what he could have been avoiding and did she mention the garbage truck at all. A. No to both questions.

17. Q. Do you think the garbage truck had anything to do with the accident. A. I can't say it did because I never saw the truck as far as I can remember but after the incident [REDACTED] and I were talking about it wondering if the truck could have had anything to do with it, so we told an officer who was there that it was something the police should know. It was coincidental that the truck was there and leaving then.

18. Q. But once again you cannot say for sure if you saw the garbage truck at all. A. Right.

19. Q. Is there anything else you would like to add to this statement. A. No

DATE 1/94

SIGNATURE [REDACTED]

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO
[REDACTED] OF THE PENAL LAW

DEPARTMENT OF POLICE
TOWN OF [REDACTED] **[REDACTED]**

STATEMENT

I, [REDACTED] having been advised of my rights by Capt. [REDACTED] understand that I have a right to remain silent; that anything I might tell him may be used against me in a Court of law; that I have a right to have an attorney present with me during any questioning now or in the future, and if I cannot afford my own attorney, one will be furnished to me and that I can stop answering his questions at any time that I desire. I am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

Signed [REDACTED] **[REDACTED]**

Witness [REDACTED] **[REDACTED]**

This statement is taken at [REDACTED] Town Police Headquarters, [REDACTED] Road, [REDACTED] at 11:25 on the 17 day of [REDACTED] 1994 by Interrogating Officer: Capt. [REDACTED]

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED] Ave. [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. employed
5. Q. If so, where? A. [REDACTED]
6. Q. Are you single or married? A. Married.
7. Q. You stated you were pulling out of the driveway, not backing out is that correct. A. Yes, I turned around in the parking lot.
8. Q. Have you backed out in the past. A. No, I always turn around in the lot.
9. Q. You stated in your previous statement that you heard the crash to your left. How far left of where you were was the crash. A. About 15 yards to the left.
10. Q. After the crash did you notice any other vehicles pass in front of you. A. No.
11. Q. Did you notice anyone run out of the drive that you were in while you were in the truck after the crash. A. No.
12. Q. The person you reported seeing running from what you thought was sealing devices, was he coming from the old plant on the south side of [REDACTED] or the [REDACTED] on the North side of [REDACTED]. A. He was coming from the [REDACTED] Rd. side.
13. Q. There are reports that you had entered or almost entered the roadway of [REDACTED] Ave. from the driveway. Is that so. A. No, after I stopped by the mailbox I did not move at all.
14. Q. When you eventually did leave you went east on [REDACTED] did you notice any vehicles parked in your way, or did you have trouble getting on [REDACTED] A. No there was nothing at all in the right lane.
15. Q. Did you see a female get out of a car after the crash and walk to where the car was. A. I believe I did see a woman get out of a car and walk towards but no up to the car. There were other people also.
16. Q. Did you see where this woman parked her car. A. To my left on the edge of the road as best I can remember.
17. Q. Do you know how long you were parked after the accident before you left. A. About 2 minutes.
18. Q. Where did the Semi end up after the crash in comparison to where you were. A. I believe the rear trailer tandems were in front of me with the rest of the truck to the left.

continued

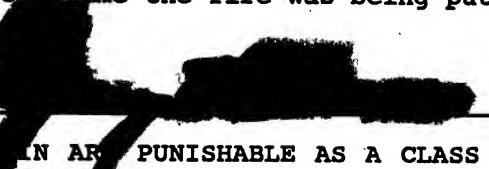
page 2

19. Q. Is there any thing you would like to add. A. After I stopped to check traffic I did not move.

20. Q. Did you see people spraying fire extinguishers on the burning car. A. No. When I saw the guy approaching with the fire extinguisher and I heard sirens I then left.

21. Q. So you weren't there at the time the fire was being put out. A. No.

DATE 6/19/94

SIGNATURE 

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO OF THE PENAL LAW

A

STATEMENT

DEPARTMENT OF POLICE
TOWN OF [REDACTED]

I, [REDACTED] am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

I have been advised that any false statements made herein are punishable as a Class A Misdemeanor under [REDACTED] of the [REDACTED] Penal Law.

Signed [REDACTED]

Witness [REDACTED]

This statement is taken at [REDACTED] Town Police Headquarters, [REDACTED] Road, [REDACTED] at 1240 hrs. on the [REDACTED] day of [REDACTED] 1994 by Interrogating Officer: Detective [REDACTED]

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED] Avenue, [REDACTED], [REDACTED] phone [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. employed
5. Q. If so, where? A. [REDACTED] (above)
6. Q. Are you single or married? A. married
7. Q. Can you tell me about what you saw and did while you were on a pick-up at [REDACTED] on [REDACTED] Ave. on [REDACTED] at about 2:00 PM ?
A. I did my pick-up at the company and backed into the parking lot to turn around. I pulled up to the mailbox and saw four cars approaching from my left (heading eastbound). I watched them approach maybe ten or fifteen seconds and I looked to my right to check traffic from that view. On my first look I knew I had to wait. I heard an impact just to my left. I thought the car that hit the semi had entered [REDACTED] from [REDACTED] Road. I called my dispatch and reported the accident and asked that the Police Department and an ambulance be sent. Dispatch called me and asked what Town I was in and I told them [REDACTED]. Within 20 or 30 seconds I saw flames come from the windshield area of the car. I called my dispatch back and told them to call the fire department. Maybe a minute had gone by and traffic had stopped and people were coming out of their cars to look or help. I saw a guy running with a fire extinguisher, I guess he may have been from [REDACTED]. I'm not exactly sure of the time because it was an intense few seconds. I could hear the sirens in the background, I saw other people there so I just turned right onto Walden and continued my route.
8. Q. Why didn't you stay to wait for the Police ?
A. I don't have an answer. I could hear them and knew help was on the way so I left.
9. Q. Where did the accident occur in relation to where you were ?
A. About twenty yards to the west of me on [REDACTED] Avenue.
10. Q. Where was your truck in relation to the shoulder of [REDACTED] Avenue ?
A. I was in [REDACTED] parking driveway about 10 feet from the shoulder of the road. I could see the mailboxes for [REDACTED] by my left door by the latch are of the door.
11. Q. What type of truck do you drive ?
A. A 1992 Peterbuilt cab-over model, It is equipped with a front loading system to pick-up a dumpster and dump them in the back.
12. Q. Was the pick-up system fully retracted when you approached [REDACTED] Avenue ?
A. It was fully retracted and the P.T.O. was off and in a travelling mode. Everything was folded up and turned off.

DATE [REDACTED]

1/14 SIGNATURE [REDACTED]

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO
[REDACTED] OF THE PENAL LAW

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page two of two pages statement of [REDACTED]
taken [REDACTED] by Det. [REDACTED] complaint [REDACTED]

13. Q. Is your truck equipped with an automatic or standard transmission ?
A. It is an automatic.
14. Q. How long do you think you were stopped waiting for traffic ?
A. Perhaps twenty or thirty seconds minimum. I was off the road in the driveway and saw the cars coming. I knew I had to wait.
15. Q. Was there ever a time that you would have backed out of the driveway onto [REDACTED] or backed near the roadway ?
A. No I turned around in there parking lot.
16. Q. How long have you been doing this particular run ?
A. Since last [REDACTED] (1993)
17. Q. How long have you worked for [REDACTED] ?
A. Two and 1/2 years
18. Q. Have you had any reportable accidents in that time ?
A. No sir.
19. Q. Where did you work prior to [REDACTED] ?
A. [REDACTED] in [REDACTED] as maintenance superintendent. I worked there about 3 years. I moved up here from [REDACTED] in 1987.
20. Q. Do you know if anyone from the business could see you on the pick-up ?
A. I dumped their can from the east side of the building and went inside to see if they needed another pick-up, I had another ticket and I wanted to try to sell it to them. There was a lady and a gentleman inside the office, I don't know if anyone would have seen me leave.
21. Q. Is there anything you'd like to add to this statement ?
A. Just that I had sat there and waited for the cars on both sides to pass. The time I was leaving to the time I radioed in the accident was about 2 to 2-1/2 minutes not moving. I knew it was a serious accident from the sound at first and then from seeing it. I guess I was stunned when I first saw it.
I guess I left because I didn't really have anything to do with it. I called the dispatch and reported it. I didn't see the collision at all and didn't think I would be needed so I went on my way.
22. Q. I'm going to ask you to re-read this and sign where I indicate on both copies. Can you do this for me ?
A. Yes.

DATE [REDACTED] / 94

SIGNATURE [REDACTED]

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO
OF THE PENAL LAW.

witness: [REDACTED]

Inc.

94

STATEMENTDEPARTMENT OF POLICE
TOWN OF [REDACTED]

I, [REDACTED] having been advised of my rights by Capt. [REDACTED] understand that I have a right to remain silent; that anything I might tell him may be used against me in a Court of law; that I have a right to have an attorney present with me during any questioning now or in the future, and if I cannot afford my own attorney, one will be furnished to me and that I can stop answering his questions at any time that I desire. I am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

Signed [REDACTED]

Witness [REDACTED]

This statement is taken at [REDACTED] Police Headquarters, [REDACTED] Road, [REDACTED] at 10:07 on the [REDACTED] of [REDACTED] 1994 by Interrogating Officer: Capt. [REDACTED]

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED] Ave. [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. Both
5. Q. If so, where? A. [REDACTED] College and work at [REDACTED]
6. Q. Are you single or married? A. Single
7. Q. As you were travelling east on [REDACTED] just before the accident about how far behind the car that crashed were you. A. About 6 to 8 car lengths.
8. Q. In your normal driving before the accident did you notice the Semi that was westbound on [REDACTED] coming towards you. A. Yes.
9. Q. Did you notice any other vehicles either ahead of you and the crash car or westbound ahead of the Semi. A. No.
10. Q. Did the car cross the center of the roadway like he was going to pass a car or other vehicle. A. No.
11. Q. Describe what the action looked like when the driver crossed the road into the path of the semi. A. It was a very sharp swerve with no attempt to turn back. It was just a sharp turn and the car went way over to the other side of the road like there was no control. I can still see it.
12. Q. Could the driver have been swerving to avoid something in the road or something entering the road from the side. A. In my perception it did not look like that.
13. Q. As the crash took place what path or action did you take with your vehicle. A. I saw the car swerve and get hit and I veered to the right a little and slowed down and then stopped just east of the driveway there.
14. Q. As you were passing this accident that was on your left you say you veered to the right. Did you see any vehicles coming out of any driveway on your right. A. No.
15. Q. Did you see any vehicles ahead of you on Walden going eastbound after the car crashed. A. No.
16. Q. Did you see a Garbage truck in or at the roadway at the driveway where you stopped your car. A. No.
17. Q. Did you see a large truck or garbage truck any where near the crash scene. A. No, just the Semi involved in the accident. [REDACTED]

18. Q. Did you get out of your car when you stopped and if so what did you then do. A. Yes, I got out and ran back to directly across from the car on the opposite side of the road.

19. Q. Did you see anyone else there besides the crash victims. A. Yes. People came from the shop there and they ran across the street to the car and put out the fire and tried to get the doors open on the car. Some of the people from the shop stayed on the opposite side of the street near me. I also noticed a car stop with two men in it and the driver appeared to be on a cell phone. I remember this because they then wanted to leave and he waved for me to get out of the way. I assumed he called for help.

20. Q. As you walked pass the drive to the shop going towards the car did you see a garbage truck in the driveway. A. No.

21. Q. Did you see the truck driver from the semi at all. A. No, I never saw him at the car but a while later I saw him looking at the semi.

22. Q. Do you think the car that crashed was swerving to avoid a truck coming out of a driveway at the shop you say you parked near. A. No.

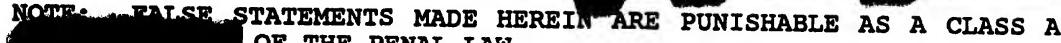
23. Q. Do you have any idea what caused the car to swerve. A. No.

24. Q. Is there anything else you want to add or state. A. No.

25. Q. When you were passing the accident as it was going on did you leave the roadway and drive on the shoulder of the road. A. I was on both and was on both when I stopped. I remember this because I wondered if my car was in the way as traffic was passing.

DATE 1/94

SIGNATURE 

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO
 OF THE PENAL LAW

STATEMENT

DEPARTMENT OF POLICE

TOWN OF [REDACTED]

COMP.

CASE HIST.

I, [REDACTED] having been advised of my rights by Lt. [REDACTED] understand that I have a right to remain silent; that anything I might tell him may be used against me in a Court of law; that I have a right to have an attorney present with me during any questioning now or in the future, and if I cannot afford my own attorney, one will be furnished to me and that I can stop answering his questions at any time that I desire. I am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

Signed X [REDACTED]

Witness [REDACTED]

This statement is taken at Lancaster Town Police Headquarters, [REDACTED] Road, Lancaster, New York at 7:47pm on the 14 day of March by Interrogating Officer: Lt. Trzewieczynski

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED] ave. [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. Both.
5. Q. If so, where? A. [REDACTED] and work [REDACTED]
6. Q. Are you single or married? A. Single.
7. Q. Can you tell me what happened this afternoon around 2:00pm?
A. I was on my way home from [REDACTED] School. I am a intern there for the Jr. High School. I was on [REDACTED] ave and I approached the intersection of [REDACTED] and Pavement. I was going East on [REDACTED] ave. I came to a stop at that intersection behind a GM type vehicle. It was a light tan or camel in color.
8. Q. Do you remember if there were any vehicles in front of the car you just described?
A. Yes, I think it was a red work type truck with ladders on it. The truck turned right onto Pavement road. I remember that because I deciding to go straight or turn right. I am pretty sure that there were no other vehicles in front the tan GM product. I was watching the kids in the back seat, so I am not 100% sure.
9. Q. Then what happened?
A. As I was eastbound on [REDACTED] ave. behind the car that was involved in the accident, the car just swerved in to the opposite lane of traffic. The vehicle moved sharply in to the other lane, like there was a lack of control.
10. Q. Do you think the vehicle was trying to pass someone?
A. NO. Definitely not. What ever happened it didn't look like it was a planned action, because the truck was too close.
11. Q. Did you see any vehicles pulling out on to [REDACTED] ave. from either a parking lot, street or side of the road?
A. NO.
12. Q. Is there anything else you would like to state?
A. The only other activity I observed was the arms moving around on the passenger side of the back seat. I did not see if the driver moved around or looked towards the movement in the back seat.
In my judgement I don't think he was trying to swerve out the way of something because the truck was just too close for him to do that.

Please read the above statement and if it true and accurate to the best of you recollection please initial the top and bottom of the page and sign and date below.

Signature [REDACTED]

Date [REDACTED] 92 Time 8:28

STATEMENT

DEPARTMENT OF POLICE

TOWN OF [REDACTED]

[REDACTED]

I, [REDACTED] having been advised of my rights by Capt. [REDACTED] understand that I have a right to remain silent; that anything I might tell him may be used against me in a Court of law; that I have a right to have an attorney present with me during any questioning now or in the future, and if I cannot afford my own attorney, one will be furnished to me and that I can stop answering his questions at any time that I desire. I am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

Signed [REDACTED]

Witness [REDACTED]

This statement is taken at [REDACTED] Town Police Headquarters, [REDACTED] Road, [REDACTED] at 9:23 on the [REDACTED] day of [REDACTED] 1994 by Interrogating Officer: Capt. [REDACTED]

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED] Ave. [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. employed
5. Q. If so, where? A. [REDACTED] Ave. [REDACTED]
6. Q. Are you single or married? A. Married
7. Q. Did you witness an accident on [REDACTED] Ave. on [REDACTED] 1994 at about 2:05 PM.
A. Yes
8. Q. Where were you at this time. A. Outside of sealing devices on the North side of Walden Ave. about half way back in the middle of the building.
9. Q. What did you see. A. I was outside on my 10 minute break when I saw the [REDACTED] garbage truck leave our parking lot and go across the street to [REDACTED] to pickup their dumpster garbage. I watched him dump the dumpster there and then watched him trying to turn around in their lot. After he turned around he proceeded forward out of the parking lot onto [REDACTED] Ave. he first stopped and then he started onto [REDACTED] Ave. I saw the car coming and swerve to avoid the truck and then hit the Semi head on. I then ran to the scene of the accident and saw inside the car and that the car was on fire. I didn't know what to do and looked up and saw our work van coming across the street. I yelled to [REDACTED] the operator of the van to get the fire extinguisher from the van. He stopped the van at the car and jumped out and extinguished the fire. While he was doing this I looked up as I seen papers flying around and noticed the garbage truck pulling away on [REDACTED] towards [REDACTED] Rd. I then ran around the car checking the people in the car. The only people we could see were the driver who appeared dead and the young boy in the front who seemed to move once but that was all. I then went back into [REDACTED] and was feeling quite sick. We did not know what to do we did not have any gloves and didn't want to touch anything.
10. Q. Are you positive that the garbage truck entered onto the roadway of [REDACTED] Ave. into the path of the car. Could you see that good from where you were.
A. Yes to both questions. Its. a clear wide open shot.
11. Q. You were on the North side of [REDACTED] and the Garbage truck was on the south side coming towards you is that right. A. Yes.
12. Q. About how close to the Sealing Devices building were you standing when this happened. A. I was leaning up against the building near the ash tray which is attached to the building.
13. Q. You were there until you saw the crash. A. Yes

continued

page 2

14. Q. Did you notice if the car flipped over or just slid after the crash. A. It just spun 3 times in a circle.

15. Q. Is there anything else you think we should know or that you saw. A. No that was it.

16. Q. Does [REDACTED] work with you. A. He works for the same company but at the plant across the street for now.

DATE 1/94

SIGNATURE [REDACTED]

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO
[REDACTED] OF THE PENAL LAW

STATEMENT

DEPARTMENT OF POLICE

TOWN OF [REDACTED]

I, [REDACTED] having been advised of my rights by Capt. [REDACTED] understand that I have a right to remain silent; that anything I might tell him may be used against me in a Court of law; that I have a right to have an attorney present with me during any questioning now or in the future, and if I cannot afford my own attorney, one will be furnished to me and that I can stop answering his questions at any time that I desire. I am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

Signed [REDACTED]

Witness [REDACTED]

This statement is taken at [REDACTED] Town Police Headquarters, [REDACTED] Road, [REDACTED] at 17:02 on the [REDACTED] day of [REDACTED] 1994 by Interrogating Officer: Capt. [REDACTED]

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. Employed
5. Q. If so, where? A. [REDACTED] Ave. [REDACTED]
6. Q. Are you single or married? A. Married.
7. Q. Were you at an accident scene on [REDACTED] in Lancaster on [REDACTED] 94 at about 2:05 PM. A. Yes.
8. Q. Can you tell me what happened and/or what you saw regarding this accident. A. I was in my office which is located in the front of the building facing [REDACTED] Ave. I had my back to the window when I heard a loud crash and short skid noise. I immediately turned around and saw the car involved in the accident coming to a stop. Almost right away flames appeared in the engine compartment. I yelled to the secretary to have someone get the fire extinguishers and then I ran back into my office and called 911 to report accident. As I was on the phone I saw Eric Weber who works for me running down the driveway with a fire extinguisher. He was just about to Walden Ave. when I saw him. I then ran out of the building taking a fire extinguisher with me also. I ran up the driveway across [REDACTED] Ave. to the car. When I got to the car [REDACTED] and [REDACTED] another employee, had just finished their extinguishers putting the fire out. I did not have to use my extinguisher. I noticed that there was someone else there but I really don't remember who it was, I thought it was the tractor trailer driver but I really don't know. After the fire was out I was standing on the passenger side near the engine compartment and started to look into the car and at that time I noticed a young boy who was partially out of the car through what I think was the window. I became quite upset at what I saw and turned away lowering my head. About this time I heard a siren in the distance and started to walk back to my office. At this time [REDACTED] walked back with me trying to calm me down a little. Back at my office I sat down at my desk and put my head down for a while. When I looked up later I saw a police officer carry a boy and put him on the back of a police car.
9. Q. When you were running out of the yard to go across the street did you see the [REDACTED] garbage truck in your drive way. A. No.
10. Q. Do you remember seeing the Garbage truck when you looked out your front window when you first heard the crash. A. No.
11. Q. How long do you think it took from the time you heard the crash until you saw the car coming to a stop. A. About 5 seconds.
12. Q. How long do you think it was from when you heard the crash until you saw [REDACTED] running out of the driveway. A. It was right after I hung up the phone from calling 911 so not more than 1 1/2 to 2 minutes.

continued

page 2

13. Q. When you saw [REDACTED] running out the drive did you see the Garbage Truck then. A. No.

14. Q. Could the truck have been there even though you don't remember seeing it. A. It could have been and probably should have been there because I had just talked to the Truck driver who had come in the building and I had seen him start to back up to leave before I went into my office and sat down. The Accident happened so fast after that, that the garbage truck should still have been there, but I don't remember seeing it. As a matter of fact it was so soon that I thought it was the garbage truck involved when I heard the crash.

15. Q. Is there anything else you would like to add to this statement. A. Just that when I am at my desk like I was and turning to my right to look behind me I cannot really see the driveway next to our building. When I did look I remember just concentrating on the car. I never really saw the semi until I looked out the second time.

DATE [REDACTED] /94

SIGNATURE [REDACTED]

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO
[REDACTED] OF THE PENAL LAW

STATEMENT

DEPARTMENT OF POLICE
TOWN OF [REDACTED]

I, [REDACTED] having been advised of my rights by Capt. [REDACTED] understand that I have a right to remain silent; that anything I might tell him may be used against me in a Court of law; that I have a right to have an attorney present with me during any questioning now or in the future, and if I cannot afford my own attorney, one will be furnished to me and that I can stop answering his questions at any time that I desire. I am willing to make the following statement of my own free will without anyone having promised me anything or offered me any hope of reward, favor or promise of leniency.

Signed [REDACTED]

Witness [REDACTED]

This statement is taken at [REDACTED] Town Police Headquarters, [REDACTED] Road, [REDACTED] at 10:05 on the [REDACTED] day of [REDACTED] 1994 by Interrogating Officer: Capt. [REDACTED]

1. Q. What is your full name? A. [REDACTED]
2. Q. Where do you live? A. [REDACTED] Rd. [REDACTED]
3. Q. How old are you and what is your date of birth? A. [REDACTED]
4. Q. Are you employed or go to school? A. Employed
5. Q. If so, where? A. [REDACTED] Ave. [REDACTED]
6. Q. Are you single or married? A. Married
7. Q. Were you at an accident scene on [REDACTED] Ave. on [REDACTED] 1994 at about 2:05PM. A. Yes.
8. Q. Exactly where were you when the accident happened. A. I was in my Company van on [REDACTED] Dr. about 20 - 25 feet before the stop sign at [REDACTED] Ave.
9. Q. Which way were you facing. A. North
10. Q. Tell me about the accident. A. As I was approaching [REDACTED] I looked left to check traffic. Just as I got to the Stop sign I heard the crash to my right. I then looked right at that instant and saw the car bouncing backwards and the truck jackknifing into the ditch. I looked for traffic again and drove across the street to the scene near the car. I saw the car on burning and got the fire extinguisher from inside the van and through it to [REDACTED] who was there also. He didn't know how to work the fire extinguisher right away so I got out the passenger side and took it from him and put out the fire in the engine part of the car. I looked around to see if anyone was out to have them call 911, then I saw a man who had pulled up in a van on a cell phone. I assumed he was calling for help. I then checked the car and only saw 2 people, due to the smoke from the extinguisher I couldn't see anyone in the rear. I hung around for a few seconds and saw what appeared to be fire department people getting out of cars. I didn't think I could do any more so I moved my van out of the area so the emergency vehicles could get close. I then went in the new plant.
11. Q. Did you at any time see the Garbage truck that was at [REDACTED]. A. Yes, When I was looking around for someone to call 911 I seen the truck which appeared to be in the driveway leading out of the company next to [REDACTED] which is called [REDACTED] or something like that.
12. Q. When you were pulling up to [REDACTED] before the accident and started to check for traffic, did you see the garbage truck then. A. No.
13. Q. Do you think the garbage truck was a contributing factor in the accident. A. I can't say for sure.
14. Q. After you saw the accident vehicles skidding etc. did you check for traffic again before you drove across the street. A. I noticed the accident to the right and knew nothing else was coming that way. I then checked to the left again and then crossed the street.

continued

page 2

15. Q. In doing this checking before crossing the street did you see the garbage truck.
A. No.

16. Q. Is there anything else you would like to add to this statement.
A. No I think that just about covers it.

DATE 1/54

SIGNATURE

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO
OF THE PENAL LAW

Department of Transportation
TRAFFIC ENGINEERING & SAFETY DIVISION

BEST AVAILABLE

MOTOR CARRIER SAFETY
ASSISTANCE PROGRAM
AVENUE

DRIVER-VEHICLE EXAMINATION REPORT

GENERAL INFORMATION																																
1. REPORT NUMBER						2. INSPECTION DATE																										
						M D Y 94																										
3. TIME STARTED						4. INSP. LOCATION			5. INSP. LEVEL																							
10:50																																
9. NAME OF MOTOR CARRIER						INC.			6. USDOT NO.																							
10. STREET ADDRESS									7. ICC DOCKET NO.																							
11. CITY						12. STATE			13. ZIP CODE																							
									8. INTERSTATE CARRIER? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																							
14. NAME OF SHIPPER (HM ONLY)						15. SHIPPING PAPER NO. (HM ONLY)																										
16. DRIVER IDENTIFICATION (LAST, FIRST, MI)						17. DRIVER LICENSE NO.																										
19. DRIVER DATE OF BIRTH M D Y 1/1/58						20. UNIFORM TRAFFIC TICKET ISSUED? (Circle 1) Y (N)																										
22. COMMODITY TRANSPORTED 1000						23. VEHICLE ODOMETER 76,610																										
29. C.V.S.A. DECAL NO.						UNIT NO.																										
HAZARDOUS MATERIALS TRANSPORTED																																
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Y = YES N = NO																																
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UNIT NO.	UNIT TYPE	MAKE	CO. NUMBER	LICENSE TAG NUMBER	STATE	DMV INSPECTION CERT. NUMBER	CERT. EXP.	MONTH	YEAR																							
30. 1	TT	FRONT								94																						
31. 2	ST.	GRANKE	—							95																						
32. 3																																
33. 4																																
34. 5																																
35. 6																																
UNIT TYPE: TR = Straight Truck TT = Truck Tractor ST = Semi Trailer PT = Pole Trailer FT = Full Trailer DC = Dolly Converter BU = BUS OT = Other																																
VIOLATIONS																																
NO.	VIOLATION IDENTIFICATION			UNIT NO.	OUT OF SVC	VIOLATIONS DISCOVERED																										
1				1		FRONT END PROTECTION INEFFECTIVE - DAMAGED AS (RESULT OF ACC).																										
2				1	X	AXLE #1 L13TRIS BRAKES INOPERATIVE (RESULT OF ACC)																										
3				1	X	QUICK RELEASE VALVE TO AXLE #1 L13TRIS BRAKES BROKEN OFF (RESULT OF ACC)																										
4				1	X	AXLE #1 R13 AIR BRAKE CAM SHAFT BACKING PLATE BENT THEREBY APPLYING BRAKE - UNABLE TO RELEASE BRAKE (RESULT OF ACC)																										
SEE CONTINUATION SHEET YES NO																																
VEHICLE/DRIVER OUT OF SERVICE NOTICE																																
<input checked="" type="checkbox"/> Pursuant to the authority contained in Subdivision 2 of Section 140 of the Transportation Law and the regulations of the Commissioner of Transportation promulgated pursuant thereto, I hereby declare vehicles with defects followed by an "X" in the "Out of Service" column in the violations discovered section of this report OUT OF SERVICE. No person shall operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition. <input type="checkbox"/> Pursuant to authority contained in Subdivision 2 of Section 211 & 212 of the Transportation Law and the regulations of the Commissioner of Transportation promulgated pursuant thereto, I hereby notify and declare the driver named on this report OUT OF SERVICE. No motor carrier shall permit or require this driver to drive or operate any motor vehicle until:																																
REPORT PREPARED BY				A. ID OR BADGE #		B. TIME COMPLETED		COPY RECEIVED BY																								
						1205		X Copy mailed to Carrier																								
NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. NOTE TO MOTOR CARRIER: If entries are made in the violation section above, please sign the certification below, and within fifteen days return this report to the address which appears in the upper left corner of this report.																																
The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Transportation Law and regulations.																																
SIGNATURE OF CARRIER OFFICIAL						TITLE			DATE SIGNED																							

FILE 3

TO SP ██████████ - SP ██████████ - SP TRAFFIC - SP ██████████, 1994 CORRECTED

ONE CAR & SEMI TRACTOR TRAILER FATAL A/A
RTE: ██████████ AVE DATE/██████████, 1994 TIME/2:05PM
CTV LITERAL: TOWN OF ██████████
CNTY: ██████████ COUNTY MPM:N/A CTV CODE : ██████████
LOC: 100 FEET EAST OF ██████████ ROAD
INVESTIGATED BY ██████████ POLICE DEPARTMENT
#KILLED/4 #INJURED/1 RELATIVE NOTIFIED/YES SCHOOL BUS INVOLVED/NO
PROBABLE CAUSE/FAILED TO KEEP RIGHT - OPERATOR OF VEH#1 OPER CHARGED-VEH#/1 - N
CHARGE: NONE CHEM TEST-OPER VEH#/1 - YES/BLOOD
CHEM TEST-OPER VEH#/2 - YES/BREATH T

DECEASED:

NAM/██████████ AGE/35 V&P/11 COD/PENDING POST MORTEM
ADD/██████████

NAM/██████████ AGE/8 V&P/ COD/PENDING POST MORTEM
ADD/31 ██████████

NAM/██████████ AGE/6 V&P/ COD/PENDING POST MORTEM
ADD/██████████

NAM/██████████ AGE/6M V&P/ COD/PENDING POST MORTEM
ADD/██████████

INJURED

NAM/██████████ AGE/36 V&P/21 INJURY/LEG INJURY
ADD/██████████ HOSP/NOT TREATED

NAM/██████████ AGE/4 V&P/ INJURY/MULTIPLE INJURIES
ADD/██████████ HOSP/██████████

VEH #1 EAST BOUND ON ██████████ AVE CROSSED INTO WEST BOUND LANE AND
STRUCK VEHICLE #2 HEAD ON. ██████████, ██████████ AND ██████████ WERE
PRONOUNCED DEAD AT SCENE BY ██████████ COUNTY MEDICAL EXAMINER ██████████ AND
REMOVED TO ██████████ COUNTY MEDICAL CENTER PENDING POST MORTEM. ██████████ AND
WAS TRANSPORTED TO ██████████ AND LISTED IN CRITICAL CONDITION.
██████████ WAS TRANSPORTED TO ██████████ WHERE HE WAS
PRONOUNCED DEAD. REQUESTED AT SCENE BY ██████████ PD WAS TPR ██████████ - MSCAP
ALSO AT SCENE WAS TPR ██████████ ACCIDENT INVESTIGATION TO BE CONDUCTED BY
██████████ PD.

VEHICLE #2 - TRACTOR TRAILER OWNED BY ██████████ ██████████ ST,

POST ACCIDENT SAFETY INSPECTION TO BE CONDUCTED ON ██████████/94 BY TPR ██████████
SPINK - MCSAP. ADDED TO FOLLOW AFTER POST SAFETY INSPECTION.

SEAT BELTS IN USE-VEH #1D/UNK P/UNK VEH #2D/UNK P/UNK
EJECTION-VEH #1D/UNK P/UNK VEH #2D/UNK P/UNK

DIV/DUTY OFFICER. NOTIFY AT NEXT CONTACT.
TROOP DUTY OFFICER - CAPT ██████████ NOTIFIED.

AUTH/LT ██████████

722PM

FILE 3 SP [REDACTED]
TO SP [REDACTED] - SP ACADEMY - SP TRAFFIC SP [REDACTED]

94 ADDED

REF [REDACTED] FILE DATED [REDACTED] 94 RE; CAR/SEMI TRACTOR TRAILER FATAL

ADD TO DECEASED-[REDACTED] - AGE 4 -PASSENGER - VEHICLE #1

POST ACCIDENT SAFETY INSPECTION CONDUCTED BY TPR [REDACTED] AND
TPR [REDACTED] REVEALED NO MECHANICAL DEFECTS ON VEHICLE #2
EXCEPT WHAT WAS CAUSED BY ACCIDENT

AUTH LT [REDACTED]
ZONE TWO COMMANDER

1-20PM

MEMORANDUM

Troop [REDACTED] Station [REDACTED] HEADQUARTERS

Date [REDACTED] 1994

To: Troop Commander, Troop "A", [REDACTED]

From: Trooper [REDACTED]

Subject: TRACTOR TRAILER ONE CAR FATAL AUTOMOBILE ACCIDENT
[REDACTED] AVENUE, TOWN OF [REDACTED] /94
FIVE DECEASED

On [REDACTED], 1994, at 3:00 P.M., writer was requested by the [REDACTED] Police Department to assist them at the scene of a tractor-trailer one car fatal auto accident, which occurred at approximately 2:05 P.M., date, on [REDACTED] Avenue, approximately 100 feet east of [REDACTED] Road, Town of [REDACTED].

On [REDACTED], 1994, at 10:50 A.M., at the [REDACTED] Fire Department parking lot, [REDACTED] Street, [REDACTED], assisted by Troopers [REDACTED] and [REDACTED], conducted a post accident safety inspection on the tractor trailer that was involved in the accident. The tractor was a 1994 Freightliner, bearing [REDACTED] Registration [REDACTED] and was being operated, at the time of the accident, by one, [REDACTED] DOB: [REDACTED] 58, [REDACTED] Street, [REDACTED]. The vehicle was owned by [REDACTED] Corporation, [REDACTED] Street, [REDACTED] and leased to [REDACTED] News Press, INC., [REDACTED]. The semi-trailer was owned by [REDACTED] News Press, INC. and was a 1985 Great Dane, bearing [REDACTED] Registration [REDACTED].

The following violations of the [REDACTED] Safety Regulations were detected during the safety inspection; and all were a direct result of the accident:

1. Section [REDACTED] - Vehicle number one front end protection ineffective due to damage. (Result of accident)
2. Section [REDACTED] - Axle No. 1 left side and right side brakes inoperative. (Result of accident)
3. Section [REDACTED] - Quick release air valve to axle number one, left side and right side brakes broken off. (Result of accident)
4. Section [REDACTED] - Axle number one right side air brake cam shaft mounting plate bent; thereby applying brake-unable to release same. (Result of accident)

5. Section [REDACTED] - Vehicle number one exceeds air loss rate due to quick release air valve to axle number one being broken off. (Result of accident)
6. Section [REDACTED] - Axle number one left side tire flat. (Result of accident)

No criminal action was instigated as a result of the post accident safety inspection.

Attached to report is a copy of the post accident vehicle inspection report, dated [REDACTED], 1994; a copy of the Driver-Vehicle Examination Report, Form [REDACTED], Number [REDACTED], dated [REDACTED] 1994, File #3 teletype message [REDACTED], SP [REDACTED], dated [REDACTED], 1994, File #3, Added Information [REDACTED], SP [REDACTED], dated [REDACTED], 1994; and accident report [REDACTED] & [REDACTED], dated [REDACTED], 1994 completed by Patrolman [REDACTED] [REDACTED] Police Department.

BEST AVAILABLE POST-ACCIDENT VEHICLE INSPECTION WORKSHEET Page 1

Date: 1/94	Inspection Location: FIRE DEPT - PARKING LOT		Time Started 10:50 AM	Time Completed 12:05 PM			
Company: NEWSPRESS INC.			ICC / DOT #	Phone Number			
Physical Address:		City	State	Zip Code			
Photo's Yes / No	Log Used Yes / No	Photos Taken By: PD +	Department				
Investigating Agency: POLICE DEPT.		Contact:	Phone Number				
Mailing Address: RD		City	State	Zip Code			
Driver's Name		Date of Birth 1/58		State			
License Number		Class A	Endors. NT	Restrict —	Expires 1/94		
Vehicle 1 - Year & Make 94 FRIGHT		Color WH	Vehicle I.D. Number	Plate Number	State		
DMV Insp. Exp. Date 1/94		DMV Insp. Cert. Number		Vehicle Milage 76,610			
Vehicle 2 - Year & Make 85 GR. DANE		Color WH	Vehicle I.D. Number	Plate Number	State		
DMV Insp. Exp. Date 1/95		DMV Insp. Cert. Number		Vehicle Milage			
Insurance Company Name: CO		Policy Number		Policy Expires 1/194			
SEE PAGE #1A PERSONAL INJURY ACCIDENT - (Yes) / No							
Name		Address			Age	Inj.	Fat.
					35		X
					7 Mos.		X
					3		X
COMMODITY TRANSPORTED							
Commodity		Haz. Material Yes No	Haz. Waste Yes No	Shipping Paper #			
Cargo Tank Yes No	Spec. #	Last "V" Date	Last "P" Date	Last " " Date		Leaking Yes No	
List Any Hazardous Material Violations on Page # 3, Spill info on Page #7							
CARGO SECUREMENT VIOLATIONS - Yes / (No)							
Type of Cargo	Violation #	Violation Description					
Other / Remarks / Comments:							
Inspected by: TPR				Assisted by: TPR			
INC.							

BEST AVAILABLE POST-ACCIDENT VEHICLE INSPECTION WORKSHEET Page 1A

Date:	Inspection Location:			Time Started		Time Completed		
Company:			ICC / DOT #			Phone Number		
Physical Address:			City		State	Zip Code		
Photo's Yes / No	Log Used Yes / No	Photos Taken By:				Department		
Investigating Agency:			Contact:		Phone Number			
Mailing Address:			City		State	Zip Code		
Driver's Name					Date of Birth		State	
License Number			Class	Endors.	Restrict	Expires		
Vehicle 1 - Year & Make		Color	Vehicle I.D. Number			Plate Number	State	
DMV Insp. Exp. Date		DMV Insp. Cert. Number			Vehicle Milage			
Vehicle 2 - Year & Make		Color	Vehicle I.D. Number			Plate Number	State	
DMV Insp. Exp. Date		DMV Insp. Cert. Number			Vehicle Milage			
Insurance Company Name:			Policy Number		Policy Expires			
PERSONAL INJURY ACCIDENT - Yes / No								
Name		Address				Age	Inj.	Fat.
						6		X
						8		X
							X	
COMMODITY TRANSPORTED								
Commodity			Haz. Material Yes No	Haz. Waste Yes No	Shipping Paper #			
Cargo Tank Yes No	Spec. #	Last "V" Date	Last "P" Date	Last " " Date	Leaking Yes No			
List Any Hazardous Material Violations on Page # 3, Spill info on Page #7								
CARGO SECUREMENT VIOLATIONS - Yes / No								
Type of Cargo	Violation #	Violation Description						
Other / Remarks / Comments:								
Inspected by:				Assisted by:				

ACCIDENT INFORMATION & DATA

Location of Accident: (List intersections & Route #'s)

[REDACTED] AVE. APPROX. 100 FEET EAST OF [REDACTED] RD T [REDACTED]

Date [REDACTED] / 94

Time 2:05 PM

Weather Conditions

CLOUDY

Road Conditions
CLEAR + DRY

Draw Below the Scene & Locations of Vehicles Involved:

1. Veh. _____ 2. Veh. _____ 3. Veh. _____

SEE ATTACHED [REDACTED]

Narrative Description of Accident:

WITNESSES - Yes / No

Name(s)	Address	Phone Number
1. [REDACTED]	[REDACTED] AVE, [REDACTED] BUS. [REDACTED]	[REDACTED]
2. [REDACTED]	[REDACTED] AVE, [REDACTED]	[REDACTED]
3.		
4.		
5.		

Remarks / Comments of Witnesses:

Reported to: _____

Date

Circle ---- FRA (USDOT) - [REDACTED] - [REDACTED] - OTHER [REDACTED] / 94

Action Taken / Recommendations:

HAZARDOUS MATERIAL & HAZARDOUS WASTE VIOLATIONS - Yes / No

Violation Section	Description of Violation

Other / Remarks / Comments:

DRIVER VIOLATIONS - Yes / No

Med.Card Expires 1995		License - Suspended or revoked - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Explain)		
Log Book Yes	Book No	Current Status Yes	No	Time and Location of Last Entry (Make Copy) 12:30 PM 1994
10 Hour	15 Hour	60/70 Hour Totals		Time / Date of Last 8 Hrs. Off Duty OFF DUTY
Other Driver Violations: <u>NONE</u>				

STEERING VIOLATIONS - Yes / No

System Component	Violation Description	
Pitman Arm	OK.	
Strg. Gear Box	OK.	
Left Tie Rod	OK.	
Left Strg.Knuckle	OK.	
Intermediate Rod	OK.	
Connecting Rod	OK.	
Right Tie Rod End	OK.	
Right Strg.Knuckle	OK.	
Frt.End of Drag Link	OK.	
Rear End og Drag Link	OK.	
P.S. Booster Cylinder	OK.	
Column Shaft & Wheel	OK.	
Steering Wheel Play (Measure Free Travel)	Free Play "	
Other / Remarks / Comments:		

BRAKE SYSTEM DEFECTS

- Yes / No

Brake Location	PUSH ROD INFORMATION			Brake Lining Thick. Meas.	Violation Description
	Finish Meas.	Start Meas.	Push Trav.		
Axle Left #20	4 5/8"	4 3/8"	1/4 "	6/16"	DONE MANUALLY
#1 Right	1 "	1 "	1 "	4/16"	SEE BRAKE COMPONENT VIAH. BELOW
Axle Left #30	5 3/4"	4 0%	1 3/4 "	10/16"	
#2 Right	5 7/8"	4 1/8"	1 3/4 "	8/16"	
Axle Left #30	5 1/4"	4 0%	1 1/4 "	8/16"	
#3 Right	5 3/4"	4 0%	1 3/4 "	8/16"	
Axle Left #30	8 3/8"	6 1/2"	1 7/8 "	10/16"	
#4 Right	8 7/8"	7 1/16"	1 13/16 "	8/16"	
Axle Left #30	8 3/4"	7 1/8"	1 5/18 "	8/16"	
#5 Right	8 3/4"	7 1/8"	1 5/18 "	6/16"	
Axle Left	1 "	1 "	1 "	/16"	
#6 Right	1 "	1 "	1 "	/16"	
Axle Left	1 "	1 "	1 "	/16"	
#7 Right	1 "	1 "	1 "	/16"	

Other Brake Component Violations - Yes / No

Other / Remarks / Comments:

TIRE, WHEEL, HUB & FASTENER DEFECTS - Yes No

SUSPENSION SYSTEM DEFECTS - Yes / No

Location	Sprg Def.	Hang Def.	U-bol Def.	Violation Description
Left Axle # 1				
Left Axle # 2				
Left Axle # 3				
Left Axle # 4				
Left Axle # 5				
Left Axle # 6				
Left Axle # 7				
Right Axle # 1				
Right Axle # 2				
Right Axle # 3				
Right Axle # 4				
Right Axle # 5				
Right Axle # 6				
Right Axle # 7				

Other / Remarks / Comments:

ELECTRICAL SYSTEM DEFECTS - Yes / No

Component	Location	Violation Description
Head Lights	VEH #1	OK
Turnsignals	VEH #2	OK
Stop Lights	VEH #2	OK
Tail Lights	VEH #2	OK
Marker/I.D.		OK
Bare Wiring		NO
Wipers		OK
Horn (One)		OK
Low Air Warn Device		OK ACTIVATES AT 65 PSI
Speedometer		UNABLE TO CHECK

Other / Remarks / Comments:



County of [REDACTED]

[REDACTED]
COUNTY EXECUTIVE

DEPARTMENT OF HEALTH

[REDACTED] M.D.
COMMISSIONER OF HEALTH

[REDACTED] M.D.
CHIEF MEDICAL EXAMINER

AUTOPSY CERTIFICATION

DATE: [REDACTED] /94

FROM: [REDACTED] County Medical Examiners Office

RE: Autopsy report for case # [REDACTED]-94
Name of deceased [REDACTED]

STATE OF [REDACTED] County of [REDACTED]
Chief Medical Examiner of said county, do
hereby certify that I have compared the
annexed copy with the original autopsy
report filed in my office, and that the same is a
correct transcript therefrom and of the whole
said original.

WITNESSED my hand this [REDACTED] day of [REDACTED] 1994

[REDACTED] M.D.
Chief Medical Examiner

PATHOLOGICAL EXAMINATION

Case [REDACTED] - 94

Male - White - 35 years

Autopsy performed by [REDACTED] - [REDACTED], Associate Chief Medical Examiner at the [REDACTED] County Medical Examiners Office on [REDACTED], 1994.

The autopsy is requested by [REDACTED], Associate Chief Medical Examiner.

EXTERNAL EXAMINATION:

The body is that of a well nourished, well developed, middle aged white male appearing to be at the stated age of 35 years. The body measures 66 1/2 inches in length and weighs 148 lbs. Rigor mortis and lividity are developed in the back of the neck, trunk, the upper and lower extremities. The head is normocephalic. The scalp is covered by a large amount of medium to long brown hair. The anterior hairline is not remarkable. The pupils of the blue eyes are central, equal, circular and each measures 0.8 cm in diameter. The sclera is white and the conjunctivae are pale. There is evidence of injuries to be described later. The nasal septum is in the midline. The skin of the earlobes, face and lips is pale. The oral cavity contains a small amount of blood. The upper and lower jaw show natural teeth. There is a moderate amount of well trimmed moustache present. The neck is short and thick. The chest is symmetrical. The abdomen is soft and flat. Pubic hair is well distributed and is that of the adult male type. The penis is circumcised. Two testicles are present in the scrotum. The upper extremities are symmetrical. The fingernails are not remarkable. The nailbeds are pale. The lower extremities are symmetrical.

EVIDENCE OF EXTERNAL INJURIES:

The right side of the face, chin and the left cheek demonstrates diffuse brush burn type abrasion. The left chest demonstrates diffuse bruise. The back of the right forearm and the right hand demonstrates abrasions and bruise. The lateral aspect of the right thigh demonstrates extensive laceration measuring 7 inches in length. The lower portion of the right femur, upper part of the right tibia and fibula and the lower portion of the tibia and fibula are fractured. The left knee and left leg demonstrates multiple areas of abrasions.

PAGE TWO

EVIDENCE OF CHEST AND ABDOMINAL INJURIES:

The right chest cavity contains approximately 1000 cc of blood which is associated with laceration of the aorta and heart and the fracture of the entire left ribs. The right chest cavity contains a small amount of blood which is associated with fracture of right ribs (1st through 7th). The pericardial sac contains approximately 100 cc of blood clot. The abdominal cavity contains approximately 500 cc of blood which is associated with laceration of the liver and spleen.

CARDIOVASCULAR SYSTEM:

The heart weighs 300 grams. There is a small amount of pericardial adipose tissues. On opening the heart, both sides of the heart are contracted. The right atrium is lacerated. On sectioning, the cut surfaces are brown, smooth and the consistency is rubbery. The lumens of all of the coronary arteries are fully patent. The mid portion of the thoracic aorta is transsected. Elsewhere, the aorta is not remarkable.

RESPIRATORY SYSTEM:

The right lung weighs 300 grams and the left lung weighs 250 grams. Both lungs demonstrates multiple areas of contusions. On sectioning, the cut surfaces show foci of hemorrhage. The mucosa of the bronchi, bronchioles and trachea is covered by bloody mucoid material. The pulmonary arteries are fully patent.

GASTROINTESTINAL TRACT:

The esophagus is intact and the stomach contains a moderate amount of digested food particles. The mucosa of the stomach is not remarkable. The small and large intestines show foci of contusions.

LIVER:

The liver weighs 1800 grams. The normal appearance of the liver is markedly altered due to the extensive lacerations. The gallbladder contains a small amount of bile.

PAGE THREE

SPLEEN:

The spleen weighs 100 grams. The normal appearance of the organ is completely disappeared due to the extensive laceration.

PANCREAS:

The organ is not remarkable except for peri-pancreatic hemorrhage.

GENITOURINARY SYSTEM:

Each kidney weighs 130 grams. They are covered by thin fibrous capsules which are stripped away easily leaving a pale, brown, smooth cortical surfaces. The left kidney demonstrates laceration. On sectioning, the left kidney demonstrates foci of hemorrhages. Elsewhere, the cut surface is pale brown, smooth and the consistency is rubbery. Both ureters and urinary bladder are not remarkable.

NECK ORGANS:

The larynx, pharynx, are not remarkable. The neck muscles demonstrate foci of hemorrhage.

ENDOCRINE SYSTEM:

The adrenal gland, pituitary gland and thyroid gland are not remarkable.

MUSCULOSKELETAL SYSTEM:

The maxillary bone is fractured. Elsewhere as described above.

HEAD:

The scalp is reflected and shows hemorrhage on the left side of the head. On opening the skull, there is a small amount of subdural hemorrhage. The left temporal bone and the sphenoid bone are fractured. The brain weighs 1400 grams. The dura, tentorial and the falx cerebri are not remarkable. The cerebral hemispheres are symmetrical. The cerebral arteries are not remarkable. On sectioning, the cut surfaces are pale, smooth and show well defined corticomedullary junctions. The lateral ventricles contain a small amount of blood tinged cerebral spinal fluid. On sectioning of the pons, medulla, cerebellum and upper one

[REDACTED] COUNTY MEDICAL EXAMINER'S OFFICE
FORENSIC TOXICOLOGY LABORATORY

[REDACTED] Street

Telephone: [REDACTED]

PATIENTS NAME:

[REDACTED]
-94

SERIAL# [REDACTED]

REQUESTED BY: Medical Examiner

DATE: [REDACTED]-94

INSTITUTION: [REDACTED] County Medical Examiner's Office

MATERIAL FOR EXAMINATION: Blood, liver, brain, gastric, urine,
vitreous humor

ANALYSIS REQUESTED: Toxicological Examination

RESULTS:

Blood: Caffeine - present
Phenylpropanolamine - none detected

Alcohols, barbiturates, meprobamate, diazepam, salicylates,
ethchlorvynol, carbon monoxide, cocaine and opiates - none
detected.

Urine: Phenylpropanolamine - present

Amphetamines, barbiturates, cocaine, morphine, codeine,
oxazepam, methadone, phencyclidine, cannabinoids,
propoxyphene, methaqualone, meperidine, phenothiazines,
tricyclic antidepressants - none detected.

Liver: Phenylpropanolamine - none detected.

Gastric Contents: Phenylpropanolamine - none detected.

DATE COMPLETED: [REDACTED], 1994

[REDACTED] P.D.
Chief County Toxicologist

PAGE FOUR

third of the spinal cord, they show pale and smooth cut surfaces.

AUTOPSY FINDINGS:

1. Fracture of the bone involving:
 - a. Skull.
 - b. Thoracic vertebral bone.
 - c. Ribs, bilateral, multiple.
 - d. Femur, right.
 - e. Tibia, left.
2. Laceration of the:
 - a. Heart.
 - b. Aorta.
 - c. Spleen.
 - d. Liver.
 - e. Left kidney.
3. Contusion of the lung, bilateral.
4. Hemothorax.
5. Hemoperitoneum.
6. Hemopericardium.
7. Subdural hemorrhage.

CAUSE OF DEATH: Multiple injuries.

TOXICOLOGY:

Blood, liver, brain, gastric contents and urine.

OPINION: This 35 year old white male, [REDACTED], died of multiple injuries sustained in a traffic accident in which he was the driver of an auto involved in collision. The manner of death was classified as an accident.

[REDACTED]
[REDACTED] M.D.
Associate [REDACTED] Chief Medical Examiner

NOTE: Toxicology results will be sent upon completion.



County of [REDACTED]

[REDACTED]
COUNTY EXECUTIVE

DEPARTMENT OF HEALTH

[REDACTED] M.D.
COMMISSIONER OF HEALTH

[REDACTED] M.D.
CHIEF MEDICAL EXAMINER

AUTOPSY CERTIFICATION

DATE: [REDACTED] /94

FROM: [REDACTED] County Medical Examiners Office

RE: Autopsy report for case # [REDACTED] -94
Name of deceased [REDACTED]

STATE OF [REDACTED], County of [REDACTED].
Chief Medical Examiner of said county, do
hereby certify that I have compared the
annexed copy with the original autopsy
report filed in my office, and that the same is a
correct transcript therefrom and of the whole
said original.

WITNESSED my hand this [REDACTED] day of [REDACTED] 1994

[REDACTED] M.D.
Chief Medical Examiner

[REDACTED] STREET

MEDICAL EXAMINER FAX # [REDACTED] PHONE: [REDACTED]

PATHOLOGICAL EXAMINATION

Case [REDACTED] - 94

Male - White - 6 months

Autopsy performed by Dr. [REDACTED] Chief Medical Examiner at the [REDACTED] County Medical Examiners Office on [REDACTED], 1994.

The autopsy is requested by [REDACTED] Associate Chief Medical Examiner.

EXTERNAL DESCRIPTION:

The body is that of a well nourished and well developed, male white infant, body length 26 inches and scale weight 17 1/2 lbs. The head hair is brown and short. The face appears flattened. The irides are gray and the pupils are round and equal. A small amount of clotted blood is present in both nostrils. The external auditory meati are not remarkable. The mouth is edentulous. The anterior neck is symmetrical and no masses are palpated. The anterior chest is symmetrical. The abdomen is scaphoid and pubic hair is absent. The foreskin appears short and the scrotum is not remarkable. There is a transverse abrasion across the abdomen at the left lower umbilicus. This is probably due to the restraints in the car seat. An abrasion is also present on the anterior surface of the right thigh. The left femur is fractured in its upper third. The left lower extremities is externally rotated. Rigor mortis is partially present and livor mortis is both posterior and in the lower extremities. The back is not remarkable.

HEAD:

The scalp is carefully reflected and hemorrhage is seen in the frontal, temporal and occipital areas. There is a comminuted fracture of the vault in the base of the skull. The dura matter is lacerated. No epidural hemorrhage is present. There is slight subdural bleeding. The brain weighs 750 grams. It is very severely lacerated. Serial sections do not show any areas of tumor or softening.

NECK ORGANS:

The neck is carefully dissected and hemorrhage is seen in the lower pre-vertebral area. There is a fracture of the cervical spine between C7 and T1. The hyoid bone and laryngeal cartilages are intact. The thyroid gland and larynx are not remarkable.

PAGE TWO

INTERNAL EXAMINATION:

The body is opened through the usual Y shaped trunk incision and the panniculus measures about 1 cm in thickness in the anterior abdominal wall. The rib cage and diaphragm are intact and the organs are in their normal positions.

BODY CAVITIES:

The pericardial and peritoneal cavities are not remarkable. The peritoneal cavity contains a small amount of fluid blood.

CARDIOVASCULAR SYSTEM:

The heart weighs 35.9 grams. The valves are free from disease and the coronary arteries are not remarkable. The myocardium is purplish brown in color and firm in consistency and does not show any areas of infarction. The epicardium and endocardium are smooth and the coronary ostia are patent. The main arteries and veins are not remarkable. No congenital abnormalities are present in the heart.

RESPIRATORY SYSTEM:

The trachea is patent and contains some fluid blood. Fluid blood is also present in the bronchial tree. The left lung weighs 59 grams and the right weighs 35.8 grams. A few small contusions are seen on the outer surfaces of both lungs. The sectioned surfaces are not remarkable except for hemorrhage into the areas of contusion. The pulmonary vessels are not remarkable.

GASTROINTESTINAL TRACT:

The esophagus is not remarkable. The stomach contains a small amount of bile stained fluid. The mucous membrane and walls are not remarkable. The small and large intestines and rectum are also not remarkable. The appendix is present and healthy.

COUNTY MEDICAL EXAMINER'S OFFICE
FORENSIC TOXICOLOGY LABORATORY

Street

Telephone: [REDACTED]

PATIENTS NAME:

[REDACTED]-94

SERIAL# [REDACTED]

REQUESTED BY: Medical Examiner

DATE: [REDACTED]-94

INSTITUTION: [REDACTED] County Medical Examiner's Office

MATERIAL FOR EXAMINATION: Blood

ANALYSIS REQUESTED: Toxicological Examination

RESULTS:

Blood:

Alcohols, carbon monoxide, cocaine and opiates - none detected.

DATE COMPLETED: [REDACTED] 1994

[REDACTED] JYD
Ph.D.
Chief County Toxicologist

Case [REDACTED] - 94

PAGE THREE

LIVER:

The liver weighs 270 grams. It is not remarkable.

PANCREAS:

The pancreas is not remarkable.

SPLEEN:

The spleen weighs 36.2 grams. It is lacerated.

GENITOURINARY SYSTEM:

The left kidney weighs 28.9 grams and the right weighs 30.4 grams. The capsules strip easily and the outer surfaces are smooth and show fetal lobulation. The sectioned surfaces appear cyanotic. The adrenals and ureters are not remarkable. The urinary bladder contains a small amount of urine. The mucous membrane and walls are not remarkable. The prostate gland is also not remarkable.

ANATOMICAL DIAGNOSIS:

1. Fractured skull, spine and extremities.
2. Lacerations of brain and spleen.
3. Hemothorax.

CAUSE OF DEATH: Multiple injuries.

A blood sample is sent for toxicology.

[REDACTED] M.D.

Chicago Medical Examiner

JMU:lab

NOTE: Toxicology results will be forwarded upon completion.



County of [REDACTED]

[REDACTED]
COUNTY EXECUTIVE

DEPARTMENT OF HEALTH

[REDACTED] M.D.
COMMISSIONER OF HEALTH

[REDACTED] M.D.
CHIEF MEDICAL EXAMINER

AUTOPSY CERTIFICATION

DATE: [REDACTED] / 94

FROM: [REDACTED] County Medical Examiners Office

RE: Autopsy report for case # [REDACTED] 94
Name of deceased [REDACTED]

STATE OF [REDACTED], County of [REDACTED].
Chief Medical Examiner of said county, do
hereby certify that I have compared the
annexed copy with the original autopsy
report filed in my office, and that the same is a
correct transcript therefrom and of the whole
said original.

WITNESSED my hand this [REDACTED] day of [REDACTED] 1994

[REDACTED] M.D.
Chief Medical Examiner

[REDACTED] STREET

MEDICAL EXAMINER FAX # [REDACTED]

PHONE: [REDACTED]

PATHOLOGICAL EXAMINATION

Case [REDACTED] - 94

Male - White - 3 years

Autopsy performed by [REDACTED] [REDACTED] Associate
Chief Medical Examiner at the [REDACTED] County Medical Examiners
Office on [REDACTED], 1994.

The autopsy is requested by Dr. [REDACTED], Medical
Examiner.

EXTERNAL EXAMINATION:

The body is that of a 3 year old white male measuring 42 inches in length and having a scale weight of 55 lbs. This is a well developed, well nourished, proportional male. There is generalized edema. There are marked petechial hemorrhages from the waist down to the toes. The right forearm is fractured, tibia and fibula together. The scalp is covered by light brown-blond short hair. There is edema and contusion on the right forehead, right cheek, right zygomatic area and the right side of the head. The irides are light in color. The pupils are dilated. There is natural residual teeth in the oral cavity. There is minimal dermatitis in below the earlobe on the left side. The neck is supple. The chest is symmetrical. The abdomen is protruded and tense. IV inguinal catheter is in place on the right side with a contusion of the right supra-inguinal area. The external genitalia is that of male which is showing marked edema of the scrotum. Two testicles are present. The lower leg shows marked edema with marked petechial hemorrhages. Line pressure is noted transversely on the abdomen. There is a puncture wound below the umbilicus. Puncture wounds are noted on the left antecubital fossae and on the right antecubital fossae and on the left ribs. The back of the body shows minimal livor mortis and livor mortis is full.

INTERNAL EXAMINATION:

The body is opened by the usual Y shaped incision. The blood and bloody fluid is extruding out of the incisional wound by pressure. The pleural cavities reveals excess amber colored fluid as well as the pericardium shows excess colored fluid.

HEAD AND NECK:

The scalp is reflected and there is marked subgaleal hemorrhage on the right frontal and right temporal area. The skull bones show a linear fracture which is extending from

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the right temporal area backward. The middle menigial artery is transected on the right side, however no remarkable epidural hemorrhage is noted. There is subdural hemorrhage, minimal and subarachnoid hemorrhage, minimal, however there is marked contusions on the left and right occipital areas as well as posterior aspect of the cerebellum. These contusions and cerebral and cerebellar abrasions are counter coup to the impact on the right face. The back of the neck shows areas of hemorrhage and atlanto-occipital dislocation.

The brain weighs 1300 grams and shows contusions in the back of the brain. The rest of the brain shows flattening of the gyri and prominence of the white matter is not remarkable.

CARDIOVASCULAR SYSTEM:

The heart weighs 70 grams and shows petechial hemorrhages on the surface as well as on the endocardium. The cross sections of the endocardium shows no remarkable changes, however the lumen of the left ventricle is dilated. Valvular structures are not remarkable. The coronary distribution is normal. The major vessels are in their anatomical positions.

RESPIRATORY SYSTEM:

The tracheobronchial tree is patent. The left lung weighs 120 grams and the right lung weighs 120 grams. The cross sections of the lungs shows no remarkable changes. Focal atelectasis is noted in both lungs.

DIGESTIVE SYSTEM:

The esophagus is intact and the stomach contains an estimated 150 to 200 cc of undigested food particles. The rest of the intestinal tract shows no perforation, however the serosa shows edema and the mesentery shows a laceration which is the site of bleeding in the abdominal cavity.

HEPATOBILIARY SYSTEM:

The liver shows areas of laceration, abrasion of the junction to the diaphragm. The diaphragm shows areas of hemorrhage in both sides. The liver weighs 470 grams. The cross section shows some pallor. The gallbladder is of normal size containing fluid bile and biliary system patent.

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PANCREAS:

This organ is of normal size, shape and consistency.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 30 grams and shows no remarkable gross changes.

URINARY SYSTEM:

The left and right kidneys are equal in size. Both show some pallor of the cortices. The ureter is patent into the bladder which is empty. There is some peri renal hemorrhage on both kidneys.

ENDOCRINE SYSTEM:

The pituitary, left and right lobes of thyroid and left and right adrenal glands are not remarkable.

MUSCULOSKELETAL SYSTEM:

There is marked hemorrhage with fracture of the T-12, L-1 with para vertebral hemorrhages on the back of the posterior aspect. The atlanto-occipital dislocation with hemorrhage is in the peri-vertebral area noted.

LABORATORY DATA:

All available samples are submitted for toxicology.

ANATOMICAL FINDINGS:

1. Fractured skull.
2. Sub-pleural and sub-arachnoid hemorrhage.
3. Counter coup contusions in the back of the brain.
4. Inter-abdominal hemorrhage.
5. Laceration of the mesentery.
6. Lacerations of the liver.
7. Massive petechial hemorrhages on both legs.
8. Pressure marks on the abdomen.

ERIE COUNTY MEDICAL EXAMINER'S OFFICE
FORENSIC TOXICOLOGY LABORATORY

[REDACTED]
Street

Telephone: [REDACTED]

PATIENTS NAME: [REDACTED]

SERIAL# [REDACTED]

REQUESTED BY: Medical Examiner

DATE: [REDACTED] -94

INSTITUTION: [REDACTED] County Medical Examiner's Office

MATERIAL FOR EXAMINATION: Blood, liver, bile, gastric

ANALYSIS REQUESTED: Toxicological Examination

RESULTS:

Blood: Brompheniramine - none detected

Alcohols, barbiturates, meprobamate, diazepam, salicylates, ethchlorvynol, carbon monoxide, cocaine and opiates - none detected.

Liver: Brompheniramine - present, < 0.2 mcg/gram

Other alkaline extractable drugs - none detected.

Gastric Contents: Brompheniramine - present, < 1.0 mg
(165.8 g received)

DATE COMPLETED: [REDACTED] 1994

[REDACTED], Ph.D.
Chief County Toxicologist

Case [REDACTED] - 94

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CAUSE OF DEATH: Cerebral contusion and lacerations due
to fractured skull.

[REDACTED]
[REDACTED] M.D.
Associate Chief Medical Examiner



County of [REDACTED]

[REDACTED]
COUNTY EXECUTIVE

DEPARTMENT OF HEALTH

[REDACTED] M.D.
COMMISSIONER OF HEALTH

[REDACTED] M.D.
CHIEF MEDICAL EXAMINER

AUTOPSY CERTIFICATION

DATE: [REDACTED] /94

FROM: [REDACTED] County Medical Examiners Office

RE: Autopsy report for case # [REDACTED]-94
Name of deceased [REDACTED]

STATE OF [REDACTED], County of [REDACTED]
Chief Medical Examiner of said county, do
hereby certify that I have compared the
annexed copy with the original autopsy
report filed in my office, and that the same is a
correct transcript therefrom and of the whole
said original.

WITNESSED my hand this [REDACTED] day of [REDACTED] 1994

[REDACTED] M.D.
Chief Medical Examiner

[REDACTED] STREET

MEDICAL EXAMINER FAX # [REDACTED]

PHONE: [REDACTED]

PATHOLOGICAL EXAMINATION

Case [REDACTED] - 94

Male - White - 6 years

Autopsy performed by [REDACTED] Associate
Chief Medical Examiner at the [REDACTED] County Medical Examiners
Office on [REDACTED], 1994.

The autopsy is requested by [REDACTED],
Associate Chief Medical Examiner.

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished, 6 year old white male measuring 47 inches in length and weighing 51 lbs. Rigor mortis and lividity are developed in the back of the neck, trunk, the upper and lower extremities. The head is normal in size and the scalp is covered by a large amount of medium to long brown hair. The anterior hairline is not remarkable. The pupils of the blue eyes are central, equal, circular and each measures 0.8 cm in diameter. The sclera is white and the conjunctivae are pale. There is evidence of injuries to be described later. The external nares and both nostrils are not remarkable. The skin of the earlobes, face and lips is pale. The oral cavity contains an endotracheal tube. The upper and lower jaw show natural teeth. The leg is long and thin.

The chest is symmetrical. The abdomen is soft and flat. The penis is circumcised. Both testicles are present in the scrotum. The bilateral inguinal area demonstrates hospital IV puncture mark. The upper extremities are symmetrical. The bilateral forearms also demonstrates hospital IV puncture mark. The fingernails are not remarkable. The nailbeds are pale. The lower extremities are symmetrical.

EVIDENCE OF EXTERNAL INJURIES:

The left side of the forehead demonstrates abrasions. The right side of the chin demonstrates abrasion. The abdomen demonstrates a band like abrasion measuring 2 inches in width. The right flank demonstrates diffuse bruise. The back demonstrates impact containing a large amount of blood. The vertebral bone (T3 and T4) are fractured.

PAGE TWO

EVIDENCE OF ABDOMINAL INJURIES:

The abdominal cavity contains approximately 500 cc of blood, which is associated with laceration of the mesentery, aorta, left external iliac vein and complete transsection of the lumbar vertebral bone (between T3 and T4). The chest cavities and pericardial sac are not remarkable.

CARDIOVASCULAR SYSTEM:

The heart weighs 70 grams. On sectioning, the cut surfaces are pale brown, smooth and the consistency is rubbery. There is no congenital abnormalities. The abdominal aorta near the bifurcation and the left external iliac vein are lacerated.

RESPIRATORY SYSTEM:

Both lungs weigh together 250 grams. On sectioning, the cut surfaces show foci of hemorrhage. The mucosa of the bronchi, bronchioles and trachea is covered by a small amount of mucoid material. The pulmonary arteries are fully patent.

GASTROINTESTINAL TRACT:

The esophagus is intact and the stomach contains a large amount of partly digested food particles. The mucosa of the stomach is not remarkable. The small and large intestines are not remarkable.

LIVER:

The liver weighs 650 grams. The external surface is brown, smooth and shiny. The anterior margin is sharp. On sectioning, the cut surface is brown, smooth and the consistency is rubbery. The gallbladder contains a small amount of bile.

SPLEEN:

The spleen weighs 70 grams. The external surface and cut surface are not remarkable.

PANCREAS:

The organ is not remarkable.

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GENITOURINARY SYSTEM:

Each kidney weighs 45 grams. They are covered by thin fibrous capsules which are stripped away easily leaving a pale brown, smooth, cortical surfaces. On sectioning, the left kidney demonstrates focal hemorrhage. Elsewhere the cut surfaces are pale brown, smooth and the consistency is rubbery. The urinary bladder and ureters are not remarkable.

NECK ORGANS:

The larynx, pharynx, hyoid bone and neck muscles are not remarkable.

ENDOCRINE SYSTEM:

The adrenal gland, pituitary gland and thyroid gland are not remarkable.

MUSCULOSKELETAL SYSTEM:

There is no abnormality.

HEAD:

The scalp is reflected and shows hemorrhage on the front part of the head and left side of the head. On opening the skull, there is a small amount of subdural hemorrhage. The brain weighs 1500 grams. The cerebral hemispheres are symmetrical. The cerebral arteries are not remarkable. There is a prominent pressure cone on the cerebellum. On sectioning of the cut surfaces, they are pale, smooth and show well defined corticomedullary junctions. The lateral ventricles contain a small amount of blood tinged cerebro spinal fluid. On sectioning of the pons, medulla, cerebellum and upper one third of the spinal cord, they are not remarkable. The lumbar spinal cord demonstrates hemorrhage.

AUTOPSY FINDINGS:

1. Laceration of the:
 - a. Aorta.
 - b. Left external iliac veins.
 - c. Mesentery.
2. Transsection of the lumbar vertebral bone (Between L3 and L4).
3. Contusion of the lung and intestines.
4. Subdural hemorrhage.
5. Cerebral edema.

[REDACTED] COUNTY MEDICAL EXAMINER'S OFFICE
FORENSIC TOXICOLOGY LABORATORY

[REDACTED] Street

Telephone: [REDACTED]

PATIENTS NAME: [REDACTED]

SERIAL# [REDACTED]

-94

REQUESTED BY: Medical Examiner

DATE: [REDACTED] -94

INSTITUTION: [REDACTED] County Medical Examiner's Office

MATERIAL FOR EXAMINATION: Blood, liver, brain, gastric, vitreous
humor

ANALYSIS REQUESTED: Toxicological Examination

RESULTS:

Blood: Brompheniramine - present, < 0.1 mcg/ml

Alcohols, barbiturates, meprobamate, diazepam, salicylates,
ethchlorvynol, carbon monoxide, cocaine and opiates - none
detected.

Liver: Brompheniramine - present, < 0.2 mcg/gram

Other alkaline extractable drugs - none detected.

Gastric Contents: Brompheniramine - present, < 1.0 mg
(150 g received)

[REDACTED] [REDACTED] JHG
[REDACTED] Ph.D.
Chief County Toxicologist

DATE COMPLETED: [REDACTED] 1994

Case [REDACTED] - 94

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CAUSE OF DEATH: Multiple injuries.

TOXICOLOGY:

Blood, liver, brain and gastric contents.

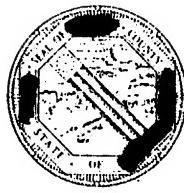
OPINION: This 6 year old white male, [REDACTED], died of multiple injuries sustained in a traffic accident in which he was a passenger in a car involved in collision. The manner of death was classified as an accident.

[REDACTED] M.D.

[REDACTED] Associate Chief Medical Examiner

NOTE: Toxicology tests will be sent upon completion.

BEST AVAILABLE



County of [REDACTED]

[REDACTED]
COUNTY EXECUTIVE

DEPARTMENT OF HEALTH

[REDACTED] M.D.
COMMISSIONER OF HEALTH

[REDACTED] M.D.
CHIEF MEDICAL EXAMINER

AUTOPSY CERTIFICATION

DATE: [REDACTED] /94

FROM: [REDACTED] County Medical Examiners Office

RE: Autopsy report for case # [REDACTED] 94
Name of deceased [REDACTED]

STATE OF [REDACTED], County of [REDACTED].
Chief Medical Examiner of said county, do
hereby certify that I have compared the
annexed copy with the original autopsy
report filed in my office, and that the same is a
correct transcript therefrom and of the whole
said original.

WITNESSED my hand this [REDACTED] day of [REDACTED] 1994

[REDACTED] M.D.
Chief Medical Examiner

[REDACTED] STREET.

MEDICAL EXAMINER FAX # [REDACTED]

PHONE: [REDACTED]

PATHOLOGICAL EXAMINATION

Case [REDACTED] - 94

Male - White - 8 years

Autopsy performed by Dr. [REDACTED], Chief Medical Examiner at the [REDACTED] County Medical Examiners Office on [REDACTED] 1994 at 11:07 AM.

The autopsy is requested by Dr. [REDACTED]
Associate Chief Medical Examiner.

EXTERNAL EXAMINATION:

The body is that of a well nourished, and well developed, male white child, body length 50 inches and scale weight of 53 lbs. The head hair is brown and is blood stained. The head is normocephalic. There is a laceration measuring about 1 1/4 inches in length in the right frontal area. The right side of the forehead is flattened and two lacerations, one measuring about 1/2 of an inch in length and one measuring about 1/8 of an inch are present on the right side of the forehead. There is contusion of the right upper arm. The irides are blue and the pupils are round and equal. There is hemorrhage with fracture of the vault of the skull and they are palpated. The external auditory meati are not remarkable. A small amount of clotted blood is present in the nostrils. The teeth are natural and in good repair. The anterior neck is symmetrical and no masses are palpated. The anterior chest is symmetrical. The abdomen is scaphoid and pubic hair is absent. The foreskin appears short. Contusions are present in the right upper quadrant of the anterior abdominal wall and in the left groin. The lower end of the left femur is fractured and the left lower extremity is externally rotated. Small laceration measuring about 1/4 of an inch in length and a smaller abrasion is present on the anterior surface of the left knee. Contusions are present on the right lower leg, the right knee and the lower aspect of the left ankle. Rigor mortis is fully developed and livor mortis is posterior. The back is not remarkable. A laceration measuring about 3/4 of an inch in length is present over the proximal phalanx of the left index finger.

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HEAD:

The scalp is reflected and shows considerable hemorrhage. There is a comminuted fracture of the vault in the base of the skull. The dura matter is lacerated. Epidural and subdural hemorrhages are present. The brain weighs 1525 grams. The right frontal lobe is severely lacerated. Serial sections show hemorrhages into the areas of laceration as well as into the ventricular system. No areas of tumor or softening are seen.

NECK ORGANS:

The neck is carefully dissected and does not show any evidence of recent trauma. The hyoid bone and laryngeal cartilages are intact. The thyroid gland and larynx are not remarkable.

INTERNAL EXAMINATION:

The body is opened through the usual Y shaped trunk incision and the panniculus measures about 1.0 cm in thickness in the anterior abdominal wall. The rib cage and diaphragm are intact. The organs are in their normal positions.

BODY CAVITIES:

The pleural and pericardial cavities are not remarkable. The peritoneal cavity contains a small amount of fluid blood.

CARDIOVASCULAR SYSTEM:

The heart weighs 150 grams. The valves are free from disease and the coronary arteries are not remarkable. The myocardium is purplish brown in color and firm in consistency and does not show any areas of infarction. The epicardium and endocardium are smooth and the coronary ostia are patent. The main arteries and veins are not remarkable. No congenital abnormalities are present.

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RESPIRATORY SYSTEM:

The trachea is patent and contains fluid blood. The left lung weighs 175 grams and the right weighs 200 grams. Areas of contusion are present on the outer surfaces of both lungs. The sectioned surfaces show hemorrhage in the bronchial tree and into the contusions. The pulmonary vessels are not remarkable.

GASTROINTESTINAL TRACT:

The esophagus is not remarkable. The stomach contains an estimated 250 cc of well masticated food in which french fries are identified. The mucous membrane and walls are not remarkable. The small and large intestines and rectum are not remarkable. The appendix is present and healthy.

LIVER:

The liver weighs 700 grams. The outer surface is smooth and the sectioned surfaces are not remarkable. The gallbladder contains an estimated 5.0 cc of thin green bile in which no stones are present. The mucous membrane and walls are not remarkable.

PANCREAS:

The tail of the pancreas is surrounded by retro-peritoneal hemorrhage.

SPLEEN:

The spleen weighs 100 grams. It is severely lacerated.

GENITOURINARY SYSTEM:

The kidneys weigh 75 grams each. The capsules strip easily and the outer surfaces are smooth and show fetal lobulation. The sectioned surfaces are not remarkable. The left adrenal is partially surrounded by retroperitoneal hemorrhage. The right adrenal and the ureters are not remarkable. The urinary bladder contains an estimated 25 cc of clear yellow urine. The mucous membrane and walls are not remarkable. The prostate gland is also not remarkable.

COUNTY MEDICAL EXAMINER'S OFFICE
FORENSIC TOXICOLOGY LABORATORY

Street

Telephone: [REDACTED]

PATIENTS NAME:

SERIAL#

[REDACTED]-94

REQUESTED BY: Medical Examiner

DATE: [REDACTED] 94

INSTITUTION: [REDACTED] County Medical Examiner's Office

MATERIAL FOR EXAMINATION: Blood

ANALYSIS REQUESTED: Toxicological Examination

RESULTS:

Blood: Caffeine - present

Alcohols, barbiturates, meprobamate, diazepam, salicylates, ethchlorvynol, carbon monoxide, cocaine and opiates - none detected.

DATE COMPLETED: [REDACTED], 1994

[REDACTED] P.D.
Chief County Toxicologist

Case [REDACTED] - 94

PAGE FOUR

ANATOMICAL DIAGNOSIS:

1. Fractured skull.
2. Fractured extremities.
3. Lacerations of brain and spleen.
4. Subdural and epidural hemorrhages in the peritoneum.

CAUSE OF DEATH: Laceration of brain due to fractured skull.

A blood sample is sent for toxicology.

[REDACTED]
[REDACTED] M.D.
Chief Medical Examiner

NOTE: Toxicology results will be forwarded upon completion.